



# Alaska Department of Labor and Workforce Development

Why are we asking?

We can serve you better if many agencies can work together on your behalf. By signing this form you give permission to have your information shared among the partner agencies. This form can provide a referral to these agencies but does not guarantee you eligibility for all these services. You may also be asked for additional information in order to determine your eligibility for a specific program or service. Your social security number is not required, however it will make serving you easier.

I approve the release of information between the following agencies:

- WIA Title One Training Programs
- Alaska Employment Service
- Vocational Rehabilitation
- Independent Living Center
- Unemployment Insurance
- Social Security Administration
- Temporary Assistance
- Food Stamp Program
- Weatherization-Energy assistance
- Workers Compensation
- Medicaid/Medicare
- Child Support Enforcement
- Senior Community Service Employment Program

Other agencies: \_\_\_\_\_  
\_\_\_\_\_

I understand that information may be shared among these agencies and no other without my consent unless required by state or federal laws. I can cancel this release at any time, but it will not affect information that has already been shared.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent or Guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_