



YPN

Young Professionals Network

Release of Information Youth Application

Applicant/Client Name: _____ Social Security # _____

In an effort to coordinate and customize my services, I _____, give my permission to the Grundy County Workforce Services Office to obtain or release, and/or discuss the following information from/to/with other training and service providers, including employers, with whom I may be involved.

- Participation and Progress
- Testing and Assessment
- Qualifications for Employment
- Verification of Employment and Gross Earnings
- Disability Services
- Post-termination Follow-up
- Other (specify)

Those providers may include, but are not limited to, Illinois Department of Human Services, Illinois Department of Employment Security, Office of Rehabilitation Services, local education providers/schools, (including adult education providers), and potential/current employers as part of job development and/or retention done on my behalf.

I attest that this authorization is given freely. Furthermore, I have not waived my rights to privacy nor the right to revoke this authorization at any time in writing, but that revoking it will not cancel what was already done. I understand that I have the right to inspect and copy any information to be disclosed.

This release of information is valid for as long as I am receiving services funded by the Workforce Investment Act.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if applicable/client is under 18 years of age)

Staff Signature: _____ Date: _____