



COLLABORATION OF WISCONSIN
RURAL INVESTMENT IN COMMUNITY HEALTHCARE

Equal Opportunity Employer/Partner

ASSET PIN:

RELEASE OF INFORMATION FORM

Release of Information Statement

The information provided on this application may be shared with appropriate partner agencies so that we may help you get the services you need. Some examples of why we would share your information include:

- Speaking with an employer on your behalf regarding employment or providing them with your resume
- Obtaining necessary educational assessments, transcripts, outcomes, credentials and/or attendance records
- Transferring information between a training institution/school and COW Rural Healthcare program staff. This may include:
 - Enrollment verifications including name of degree and date earned
 - Degree progress reports and grade reports
 - Class schedules
 - Tuition statements
 - Financial aid statements
 - Financial aid status information (e.g. suspension, appeal, etc.)
- Obtaining information to confirm employment, including wage information, fringe benefits, date of hire, hours worked per week and position title
- Obtaining personal information needed to obtain required program documentation
- Other

I, Applicant, do hereby authorize the release of information, in conjunction with my participation in COW Rural Healthcare programming under the Bay Area Workforce Development Board for the purpose of record management and program evaluation to:

- Workforce Innovation and Opportunity Act (WIOA)-contracted staff
- Bay Area Workforce Development Board staff
- Bay Area Workforce Development Board-contracted staff
- Employers
- Educational institutions and training providers
- Wisconsin Job Center partners
- High school district employees
- Other (Please list)

Applicant Statement

- I agree to allow the release of information on this form for any verification check and/or employment assistance activity to other agencies involved in the provision of workforce services
- I certify that the information on this application is true to the best of my knowledge
- I understand that the information I provide may be checked and that I may have to show documents to support it
- I understand that COW Rural Healthcare funded program and services are not guaranteed and I do not have legal or entitlement rights to services
- I certify I have been provided a copy of the Program Discrimination and Complaint Guide
- I understand that I can cancel this consent through a written statement to the Workforce Development Board (WDA) at any time. Unless otherwise stated in writing, **this consent will be valid for the duration of the Rural Healthcare Program participation.**

APPLICANT NAME & SIGNATURE

DATE

Bay Area WDB, serving WIOA Title I, is an Equal Opportunity Service Provider and Employer.

Interpretation and translation services are available free of charge by contacting our EO Officer at (920) 617-1384 or info@bayareawdb.org.

Deaf, hard of hearing or speech impaired callers can reach us through the Wisconsin Relay Service at 7-1-1.

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