

SOUTHCENTRAL MISSISSIPPI WORKS
INFORMATION RELEASE AUTHORIZATION

THIS WILL AUTHORIZE:

- (1) THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
- (2) THE MISSISSIPPI DEPARTMENT OF EMPLOYMENT
SECURITY
- (3) THE SELECTIVE SERVICE
- (4) THE SOCIAL SECURITY ADMINISTRATION
- (5) FORMER, CURRENT AND/OR FUTURE EMPLOYERS
- (6) WIN JOB CENTER OPERATOR
- (7) OTHER: _____

AS APPROPRIATE TO RELEASE TO DREAM, Inc.
(WIA SUBGRANTEE/CONTRACTOR)

INFORMATION NECESSARY FOR VERIFYING WIA APPLICANT INTAKE RESPONSES ON WHICH WORKFORCE INVESTMENT ACT PROGRAM ELIGIBILITY/INELIGIBILITY IS BASED. I UNDERSTAND THIS INFORMATION MAY SUBSEQUENTLY BE RELEASED TO THE GRANT RECIPIENT, TO LOCAL WORKFORCE AREAS AND/OR WORKSITES FOR ELIGIBILITY PURPOSES.

I AGREE TO ADVISE THE REFERENCED SUBGRANTEE/CONTRACTOR OF ANY ADDRESS OR PHONE NUMBER CHANGES DURING THE TIME I AM IN THE PROGRAM.

WIA APPLICANT SIGNATURE
DATE

THIS FORM SHALL BE RETAINED IN THE SUBGRANTEE/CONTRACTOR INDIVIDUAL PARTICIPANT FILE. COPIES OF THE SAME SHOULD BE FORWARDED TO APPROPRIATE AGENCIES UPON REQUEST.