



Michael L. Parson, Governor

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I request and authorize you to furnish Northeast Missouri Workforce Development Board Inc., its subcontractor and/or one-stop partners any and all information that you may have concerning me, my employment/wage record, school record, police record, financial record, military record and medical record. Please forward any and all information including that of confidential or privileged nature. This information is to be used to assist Gamm, Incorporated in determining eligibility/suitability for the Workforce Innovation and Opportunity (WIOA) program.

I hereby release you, your organization or others from any and all liability or damage that may result from furnishing the information requested.

Applicant's Name: _____
(PLEASE PRINT)

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

Applicant's Signature

Date

Parent's Signature (if below age 18)

Date

Witness Signature

Date

Printed Name of Witness