DWS-WDD 115C Rev. 10/2017



State of Utah Department of Workforce Services

RELEASE/DISCLOSURE OF INFORMATION & CONSENT FOR COORDINATED SERVICES

ONLY for use by Contracts and Refugee Home Visits Where UWORKS is Unavailable



D02418900240101

* Name (Print)	PID	Cas	se#
I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations. *I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency			
☐ Div. of Child & Family Services ☐ Job Corps	☐ Div. of Serviceswith Disabilities☐ Juvenile Court	•	Div. of Juvenile JusticeServicesLocal Mental Health Providers
☐ School Districts	☐ State/Local Hea	alth Department	Substance Abuse Treatment Providers
☐ Vocational Rehabilitation	☐ Social Security	Administration	☐ Any & All Employer/Worksite ☐ Other
The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.			
I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.			
Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.			
R=Release my information from a third party to DWS D=Disclose my information from DWS to a third party			
R D ☐ ☐ Employment Information (wage hours worked, schedule, etc.)		yment Plan pment/Renegotiat	R D Legal Information (court documents/orders, etc.)
☐ ☐ Addt'l. Monitoring Information (CTW, job leads/contacts, etc.)	(progre	ol Information ess, attendance, ule, etc.)	☐ ☐ Treatment Information (plan, schedule, attendance, etc.)
☐ ☐ Other	☐ ☐ Other		Other
☐ ☐ Other	☐ ☐ Other _		Other
*Signature of Customer		*Date	
Signature of Parent or Guardian, if under age 18			Date