

AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION
FOR THE AMERICAN INITIATIVE GRANT/ REGIONAL APPRENTICESHIP PROGRAM

In the course of providing the best possible service to participants of the AAI Grant called the *New Mexico Information Technology Apprenticeship Program (NMITAP)* granted to *Central New Mexico Community College* the exchange of information between governmental agencies and educational institutions may be necessary. I hereby authorize the AAI Grant personnel to release and/or provide, on a need to know basis, information which is reasonably necessary to accomplish the goals and objectives set forth by the AAI Grant. I understand that the information is confidential and will only be shared with the agencies, institutions, or parties listed below unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will service as valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I hereby authorize release of the following information to the following agencies, institutions or other parties unless the release or provision of such information is otherwise prohibited by law or regulation.

Please initial next to each section on the underlined area.

_____ **Workforce Development Board** may obtain/provide information regarding my participation in agency programs to include the Employment Division programs, unemployment insurance benefit program, and my participation in Workforce Investment Act employment and training programs.

_____ **New Mexico Department of Labor** may obtain/provide information regarding my participation in agency programs. This will include names, social security numbers

_____ **The New Mexico Education Department** and local school districts may obtain/provide information/records relating to my current and past education

_____ **The Educational Institutions** involved in my participation in the AAI Grant may obtain/provide information between internal departments.

_____ **The Workforce Investment Act** service provider may obtain/provide information regarding my participation in adult work.

_____ **Private and Career training institutions** may provide records relating to current and past training and education

_____ **My current and past employers** may provide information related to my employment

As a condition to my authorization, the AAI Grant agrees to use the information obtained solely for the purpose authorized by law and regulation determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, educational training and plans, and helping me achieve my occupational and education goals. The authorization is valid for 18 months after the date of exit from my program of service. This authorization is valid for the purpose of obtaining information for the program performance reporting and participant follow-up activities relate to my participation in the AAI Grant. I understand that, as a condition of my receiving services, information collected by the AAI Grant will be used for the purpose of determining overall program performance.

Signature

Print Name

Date