



COMMONWEALTH OF VIRGINIA



CONSENT TO EXCHANGE AND USE INFORMATION FOR WORKFORCE SERVICES

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

(Full Printed Name of Customer)

(Customer Address)

(Customer Date of Birth) (Customer Social Security Number)

I want the following confidential information about me (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

Table with 6 columns: Yes, No, Item, Yes, No, Item. Rows include Assessment Information, Education Records, Benefits/Services Needed, Criminal Justice Records, and Planned, and/or Received, Employment Records.

**only for employment or training required background check

*to verify employment for follow-up performance goals

Note: This form does not authorize the Virginia Employment Commission to disclose confidential information collected for the unemployment compensation (UC) program, including UC benefits, wages and employer information.

I authorize the disclosure of the above information as checked to the following entities for the purpose of developing a solid reemployment plan for me:

(Name of Training Provider)

- Workforce Innovation & Opportunity Act (WIOA) Partners
Virginia Employment Commission (Job Services records only)
Employers
Others:

I want this information to be exchanged only for the following purpose(s):

- [X] Service Coordination and Planning [X] Eligibility Determination [X] Other: Follow-Up

I want information to be shared: (check all that apply)

- [X] Written Information [X] In Meeting or By Phone [X] Computerized Data

This consent is good until: (2 years from date of signature)

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Customer Signature: Date:

Person Explaining Form: (Virginia Employment Commission Staff) Date: