# **Release of Confidential Information**

I authorize the release by any person or legal entity to the Greater Nebraska Workforce Development Board, Department of Labor (GNWDB-DOL) of any confidential information necessary to make a determination of my eligibility for assistance. I agree that a photocopy of this form will represent my consent to release information. This information may include, but is not limited to information from any employer, attorney, medical provider, financial institution, the Immigration and Naturalization Service (INS), the Social Security Administration, and any other government entity.

I understand that information may be obtained via the following forms of communication: U.S. Postal System, E-mail, FAX, or Phone. I further understand that GNWDB-DOL has security measures in place to protect the loss, misuse and alteration of the information under its control.

I also understand that GNWDB-DOL may release information to other agencies when services of the agency have been requested, or when the objective in obtaining the information is to provide services to me.

**This Release Expires 30 MONTHS from the Date Signed**

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| --- | --- | --- | --- | --- | --- | --- |
| Participant Name |  | Participant SSN |  | Participant Signature |  | Date |