



LUMBER RIVER WORKFORCE DEVELOPMENT BOARD
Local Area (Bladen, Hoke, Richmond, Robeson and Scotland Counties)

Information Release Authorization Form

I, _____, hereby authorize the Lumber River Workforce Development Board (including the awarding agency, USDOL, NCDWS) including its officers, staff and WIOA contracted staff to use within its absolute discretion, to release and/or obtain my personal information and/or photograph(s) as it sees fit, in coordination with the Workforce Innovation and Opportunity Act (WIOA) Program. Personal information shall include, but not limited to:

- a. Educational documents (IEP, dates of attendance, grades, financial aid, transcripts, schedule, etc.) and
- b. Employment/military information (wage, dates of employment, place of employment, work schedule, etc.)

I hereby waive any claim arising out of such release, dissemination or use.

Signature

Date

Parent Signature
(If participant is under 18)

Date



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LETTER OF COLLATERAL CONTACT

_____ is an applicant for the Workforce Innovation and Opportunity Act Program. The following information must be verified by a neighbor or a relative who does not live in the same household as the applicant. Your assistance is greatly needed in completing the following information.

List the names and relationships of all family members living in the household.

Name

Relationship

Applicant

Total number in family: _____

(If there are any additional family members living in the household not listed on this side, please list them on the back of this form).

Applicant's physical (911) address: _____

TO BE COMPLETED BY WITNESS

What is your relationship to the participant's family? _____

Your name: _____

Your address: _____

Your telephone number: _____

Signature of Witness

Date