

Universal Voluntary Consent to Exchange Information

Name of Client: _____ WIOA State ID #: _____

Purpose. The Fresno Regional Workforce Development Board (“FRWDB”) needs your permission to share personal information about you with certain organizations in order to best serve you.

Voluntary. Your consent is voluntary. If you do not consent, you will still receive Workforce Innovation and Opportunity Act (“WIOA”) services; however, these services will be limited because, among other things, FRWDB will not be able to refer your case to another agency, co-enroll you in additional services, contact an employer to review your performance, or discuss your case with a school or training provider.

Scope of Information. This Consent covers all information that is personal to you, including, but not limited to, academic status and performance, employment status, skill assessment information, as well as services provided by other private or government agencies. This Consent does not authorize the exchange of any health (mental or physical) information.

Use of Information. By signing this Consent, you allow FRWDB to collect, use, and exchange your personal information with participating partners, employers, contractors, vocational training providers, public and private education institutions, and other entities with which FRWDB interacts or contracts on your behalf. FRWDB will use this information only to support and document your activities and outcomes, to post exit information, and to assess, plan, and facilitate the delivery of services for your benefit. FRWDB may share or receive this information either verbally, in writing, or by computer data transfer.

Release. By signing this Consent, you agree to release FRWDB, the City and County of Fresno, and all of their directors, officers, boards, employees, volunteers, agents, participating partners, and contractors from and against any liability and claims related to an unauthorized or accidental release of your personal information.

Expiration. This Consent automatically expires 15 months after you exit from your WIOA program. You may also revoke your consent earlier at any time by sending written notice to FRWDB's Quality Manager at the following address: 2125 Kern Street, Suite 208, Fresno, California 93721.

Signatures. This Consent is only valid if signed in the presence of an authorized member of your service provider’s staff. A properly completed and signed photocopy of this Consent is as valid as the original. By signing, you acknowledge that you have received a copy of this Consent.

Minors. If a client is under 18, this Consent is only valid if signed by the client’s parent or legal guardian. If you are signing on behalf of a minor child, an authorized staff member of your child’s service provider will verify your parent or guardian status prior to accepting your signature.

Signed: _____ Dated: _____ Signed: _____ Dated: _____
Participant Authorized Staff

Signed: _____ Dated: _____ Signed: _____ Dated: _____
Client's Parent/Legal Guardian Relationship to Participant _____

This Consent was translated to _____ by _____ Dated: _____
Language Translator

This WIOA, Title I-financially assisted program/service is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to people with disabilities and/or limited English proficiency.