



**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