



Authorization for Release of Information

Participant Name: _____

I understand that I am voluntarily participating in Seattle Jobs Initiative (“SJI”) programs that may assist me in my job skill development and employment opportunities. As part of this participation, I understand that SJI works closely with local colleges in which I may be enrolled, the Washington Employment Security Department (“ESD”), and organizations that contract with SJI to provide services in which I may participate, including but not limited to Neighborhood House, the YWCA, TRAC Associates and Pacific Associates (collectively “SJI Partners”). The goal of these collaborations is so that entities working with me can coordinate services, education and training that may assist in my job and career opportunities. I understand that SJI and these organizations may share information about me with each other in order to identify which services and opportunities may help me build my education and skills, assist organizations working with me toward these goals, and track my progress over time. I further understand that SJI wishes to evaluate the effectiveness of its programs and that information about me may be useful for an accurate evaluation. Accordingly, I provide my informed consent to the following release and exchange of personally identifiable information and records:

1. The Seattle College District may share the following information with SJI and SJI Partners covering any time I am, or was, enrolled at any of the Seattle Community or Technical Colleges:
 - Personally identifiable demographic information (for example: name, Social Security number, date of birth, student ID)
 - Enrollment information (for example: course and credit information, dates of enrollment, enrollment status)
 - Academic achievement (for example: grades, credential achievement, prior and post education status)
 - Financial aid status and income level

I further understand that Seattle College District instructors or employees and SJI or SJI Partners may communicate regarding my progress or what services may best support me. I give my consent for such communications. I also understand that SJI or SJI Partners may communicate information about me to the Seattle College District relevant to my participation in SJI programs, credential or employment status, or information that may assist the Seattle College District better serve me. I consent to this sharing of information.

2. ESD may share the following information with SJI and SJI Partners covering the period of time from one year prior to my enrollment in SJI programs to seven years after I conclude my involvement with SJI programs:
 - Personally identifiable demographic information (name, Social Security number, date of birth, ID, etc.)
 - Employment status, history, occupation/industry, quarterly earnings, and hours
 - Receipt of unemployment benefits

I further understand that SJI may provide personally identifiable information, such as Social Security number, to ESD in order to request my information. I give my consent for this data sharing.

3. I understand that I may receive services from or work with other non-profit organizations that do not contract with SJI. I consent to those non-profit organizations and SJI or SJI Partners communicating regarding my status and the services I receive or may need, where such communications legitimately may assist in my receiving improved services, training or education.
4. I understand that my employer may provide information to SJI Partners with whom I work, including wages, benefits, date of hire and performance issues. In the event that my employer does so, I give consent for this information to be shared with SJI or SJI Partners.

SJI takes every precaution to protect personally identifiable information from unauthorized use or disclosure. I understand my information will be treated in a confidential manner, shared for only legitimate purposes related to my participation in SJI programs, and only with those persons with legitimate interests in the information. I further understand that the above entities may use aggregate data in reports, presentations, or for evaluation or research purposes, but only if it is done in a manner that does not allow me to be individually identified.

This informed consent will be valid unless and until I indicate otherwise in writing to SJI.

Print Full Name

School Identification Number

Social Security Number

CBO Staff Only:

CBO:		SJI ID#:	
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Applicant Signature

Date

SJI Staff Only:

Date Logged:		Initials:	
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