

I further understand that Unemployment Insurance records and Trade Adjustment Assistance for Workers records may not be disclosed pursuant to a release.

This consent for release of personal information will expire on _____ (not to exceed 180 days) from the date of my signature.

Signature

Date

PROHIBITION ON REDISCLOSURE: This information has been disclosed to the requesting agency or workforce partner from records whose confidentiality is protected by state and/or federal law. State and/or federal law prohibits the requesting agency or workforce partner from making any further disclosure of this information except with the specific written consent of the person to whom it pertains, or under the conditions from which it was originally obtained. A general authorization for the release of medical or other personal information if held by another party is not sufficient for this purpose.