



INSTRUCTION LETTER

REGIONAL INSTRUCTION NUMBER: WIOA R18-04

TO: Greater Upstate SC Works Contractor and Youth Contractors

SUBJECT: Participant Release of Information


DATE ISSUED: December 17, 2018 **DATE EFFECTIVE:** Immediately **DATE EXPIRES:** Indefinitely

PURPOSE: To issue a revised WIOA Participant Release of Information Form. This letter replaces UWB local letter 13-21.

BACKGROUND: All WIOA participants are required to complete a Participant Release of Information Form. This form outlines the participant’s commitment to follow up and gives permission for appropriate personnel to access their file among many other things.

ACTION: Attached you will find a revised participant Release of Information Form. Please instruct your staff to destroy any copies that they have on hand of any previously used forms and replace them with the attached. This for is to be implemented and put to use immediately. All completed forms should be maintained in the participant’s hard file.

INQUIRIES: Should you have any questions regarding this instruction, please contact Eva Anagnostis at 864-467-8142, TTY:711, or at eanagnostis@greenvillecounty.org Dana Wood at 864-596-2028 ext. 100, TTY 711, or at wood@upstateworkforceboard.org .



Ann Angermeier
Executive Director
Upstate Workforce Board



Dean E. Jones
Executive Director
Greenville County Workforce Development Board

Source: SCDEW monitoring finding in another workforce area. Replaces UWB local instruction letter 13-21.

WORKFORCE INNOVATION AND OPPORTUNITY ACT

INFORMATION RELEASE AGREEMENT

I agree to furnish employment information, as requested, to the appropriate staff throughout my time of participation in services under the Workforce Innovation and Opportunity Act (WIOA) of 2014. This includes the time that I am receiving or have received WIOA services, inclusive of training, and become employed up to a period of two (2) years prior to WIOA registration and after receiving my last WIOA service.

I also give permission for authorized personnel to have access to my file. This includes WIOA case managers, administrative assistants, program monitors and other appropriate staff as necessary.

I consent to the release of relevant information to program staff, Upstate Workforce Board/Greenville County Workforce Development Board staff, SC Works Greater Upstate center staff and to potential employers who may assist them in helping me obtain unsubsidized employment. This may include educational and vocational information and WorkKeys®/WIN scores.

I agree to allow any of my employers to release any information that will assist in meeting the employment verification and follow-up procedures required for Workforce Innovation and Opportunity Act evaluation up to twenty-four (24) months prior to, and after, receipt of WIOA services. Workforce Innovation and Opportunity Act personnel receiving information will request that confidentiality of all information released be protected and used only for WIOA program and partner needs.

Printed Participant's Name: _____

Participant's Signature: _____

Date: _____

Witness: _____

For Participants under 18 years of age:

Printed Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____