

AUTHORIZATION FOR RELEASE OF INFORMATION
TO THE
WASHINGTON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

TO: PLACE OF EMPLOYMENT

PLACE OF SCHOOLING

I AGREE THAT THE PERSON NAMED ABOVE MAY RELEASE TO THE WASHINGTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES THE FOLLOWING INFORMATION:

WORK

SCHOOL

1) HOURLY RATE OF PAY

DAYS & TIMES OF CLASSES

2) AVERAGE HOURS TO WORK PER WEEK

NAMES OF CLASSES

3) POSSIBLE DAYS/TIMES TO BE SCHEDULED

CURRENT G.P.A.

4) _____

NUMBER OF CREDIT HOURS EARNED

SIGNATURE OF APPLICANT/RECIPIENT

DATE

THIS SPACE IS PROVIDED FOR THE REPLY:

SIGNATURE OF PERSON SUPPLING INFORMATION

DATE