PATHWAY FORWARD SOLUTIONS, INC.

Authorization for Release of Information

Document ID: PFS-F206 | Version 1.0

Participant Information

Participant Name _____

Date of Birth _____

Participant ID _____

I authorize Pathway Forward Solutions, Inc. to:

[ ] Obtain information from the organization or person listed below

[ ] Share information with the organization or person listed below

Organization or Person _____

Phone or Email _____

Information Authorized

[ ] Employment verification [ ] Training or education records [ ] Attendance or participation [ ] Referral information [ ] Other: _____

Purpose

[ ] Coordinate services [ ] Verify eligibility [ ] Support employment or training referral [ ] Program reporting [ ] Other: _____

This authorization expires one year from the signature date unless I write an earlier expiration date here: _____. I may revoke this authorization in writing, except to the extent action has already been taken in reliance on it. Information redisclosed by a recipient may no longer be protected by the same privacy rules.

Participant Signature _____

Date _____

Staff Witness _____