



RELEASE OF INFORMATION

JOB SERVICE NORTH DAKOTA
WORKFORCE PROGRAMS
SFN 50410 (R. 1-2019)

Name	Date of Birth
Address	
<p>I authorize disclosure of information between Job Service North Dakota (JSND) and employers, agencies, employment validation entities, and training facilities to the extent that it relates to my participation in the Workforce Innovation and Opportunity Act (WIOA), JOBS, Supplemental Nutrition Assistance Program (SNAP/food stamps), or other JSND programs.</p> <p>I further authorize my previous and / or present employer(s) (if any), my school, social services, or any other agency that can provide information concerning my eligibility to release and disclose to JSND any information necessary to verify my eligibility.</p>	
Signature of Applicant <i>(Please sign in ink)</i>	Date
<p>I understand a member of my household is applying for JSND program assistance and I hereby agree to the provision above.</p>	
Parent / Legal Guardian Signature <i>(When applicant is under 18 years of age)</i>	Date
<p>Notice to whomever disclosure is made concerning addiction records: This information has been disclosed to you from records protected by federal confidentiality regulations (42 CFR Part 2). The federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is <i>NOT</i> sufficient for this purpose. The federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.</p> <p>Check if applicable <input type="checkbox"/></p>	
<p>Notice: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be re-disclosed, in which case it may not be protected by state or federal law.</p>	