

**YOUTH OPPORTUNITY PROGRAM  
RELEASE OF INFORMATION FORM**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the Youth Opportunity Program to engage in verbal, written, facsimile, or computerized communication of information for the purpose of determining my eligibility for services or for identifying services or agencies who may be able to assist me. All pertinent records and information can be released, including those regarding past, present, or future information or records that may be needed for eligibility determination, monitoring, or follow-up purpose. This information may include, but shall not be limited to, educational records, public assistance records, credit history, health/physical status/records, income/employment information and vocational rehabilitation assessment or evaluation tools. It is my understanding that any information obtained by any partner will be held in strict confidence. I am aware that any information will be used in my best interest to provide ease of access to services.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

I, \_\_\_\_\_ as legal guardian of above individual have read and agreed to the above statement, and give the Youth Opportunity Program the authorization to share information to pertinent partners for the purpose of assisting my charge as stated in the above paragraph.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date