



# Release of Information

**Main Office:** 3991 East 29<sup>th</sup> St  
Bryan, Texas 77802  
**Mailing:** PO Drawer 4128  
Bryan, Texas 77805  
**Phone:** 979-595-2801  
**Fax:** 979-595-2810  
**Email:** WSBVCenter@bvcog.org

**Twist ID:** \_\_\_\_\_

**I authorize Workforce Solutions Brazos Valley (WSBV) to conduct such inquiries as may be deemed necessary to:**

- Verify eligibility for all Workforce Programs administered by the WSBV or its representatives,
- Confirm any information on the application used to determine eligibility,
- Secure appropriate services for me from community resources, or
- Release any information requested to officially recognized organizations.

**I authorize WSBV to conduct such inquiries as may be necessary with respect to the following:**

- Participation with TANF, NCP, AEL Programs including, but not limited to case numbers, monthly benefit amounts, certification date and other information as necessary to determine eligibility in Employment Training Programs as well as determining the effectiveness these programs have assisting participants in achieving self-sufficiency.
- Participation with SNAP Employment and WIOA Training Programs including, but not limited to case numbers, monthly benefit amounts, certification date and other information necessary to determine eligibility in Employment and Training programs as well as determining the effectiveness these programs have assisting participants in achieving self-sufficiency.
- I understand that my career choices may require a pre-employment physical examination, including a drug/alcohol test. I authorize the hospital, clinic and/or facility to release test results to the WSBV and I release the hospital, clinic facilities and/or medical personnel from any and all liability arising from the release or use of this information.
- I hereby authorize Texas Workforce Commission or any private sector service provider maintaining such records, to release to WSBV any records concerning my claims for Unemployment Insurance benefits, including my home address, the dates and amounts of benefits, including wage credit reported by employers and determinations made with regard to my entitlement for benefits, and progress tracking relating to employment and training services. This information may be used for follow-up studies to evaluate program effectiveness.

I also authorize WSBV to disclose information about my case to:

_____	_____
Printed Name	Relationship
_____	_____
Printed Name	Relationship
_____	_____
Printed Name	Relationship
_____	_____
Printed Name	Relationship

**I expressly agree to waive liability for any effect the information received from *contacted sources, given by myself, or released to outside sources* may produce. WSBV will maintain the confidentiality of any such information received unless otherwise agreed to in this agreement.**

By signing below, I acknowledge that information about my case may be disclosed to the above name parties. I understand that I may revoke this authorization at any time and must do by presenting a written revocation to WSBV. I understand that once information is disclosed as per my authorization, the recipient, in accordance with applicable laws and regulations, may re-disclose the information and it might not be protected by federal or state privacy regulations. **This release is only good for 1 year from the date indicated below.**

\_\_\_\_\_  
**Participant Signature**  
*(Or parent signature if participant is a minor)*

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Deaf, hard-of-hearing or speech-impaired customers may contact: Relay Texas: 800-735-2989 (TTY) or 711 (Voice).



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**IMPORTANT!** This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (800) 386-7200** for assistance in the translation and understanding of the information in this document.

### Spanish

**¡IMPORTANTE!** Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (800) 386-7200** para pedir asistencia en traducir y entender la información en este documento.

### Chinese – Traditional

**重要須知!** 本文件包含**重要資訊**，事關您的權利、責任，和/或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電 **(800) 386-7200** 洽詢翻譯及理解本文件資訊方面的協助。

### Vietnamese

**LƯU Ý QUAN TRỌNG!** Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (800) 386-7200** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

### Korean

중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (800) 386-7200로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

### Hindu

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-386-7200 (TTY: 1-800-735-2989) पर कॉल करें।