WILSON COUNTY DEPARTMENT OF SOCIAL SERVICES
Faith Connections
Release of Information
Date _____

I hereby authorize the Wilson County Department of Social Services/Faith Connections to release/obtain information from the record of _____ to/from the following agency(ies); Wilson Technical Community College; NEED, Inc; Opportunities Industrial Commission; Vocational Rehabilitation, Employment Security Commission, Hope Station, Salvation Army, Wilson County Faith Partners, other WCDSS departments, other:_____.

I further authorize those agencies to release information from the record of _____ to Wilson County Department of Social Services and the Faith Connections Program. This information shall include: educational status, testing results, level of performance and/or progress, attendance, and general employment potential, other:_____. This information shall include criminal history to be released to assisting partners with the Wilson County Department of Social Services/Faith Connections. I understand this information will be used for determining possible care plans for aiding in the requested assistance.

I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid for one year from date of signature. I understand that I may revoke this consent at any time except to the extent that information has already been released before I revoke it.

_____ Or _____
Signature of Participant Authorized Representative

_____
Participant's Social Security Number

_____
Witness Date
(Necessary only if client signs with an "X")