

EDUCATIONAL INFORMATION RELEASE

Date _____

Dear _____:
Name of Training Provider

The Workforce Investment Act (WIA) has helped to fund my education. You have my permission to release all necessary information concerning my training, including release of grade point average (GPA), class schedule, a copy of certificate, and a copy of my transcript to WIA upon request.

I understand that by signing my name below, I agree to the above.

Signature of WIA Participant

Date

Signature of WIA Case Manager

Date

Participant's Home Phone Number: _____

Alternate Phone Number: _____

Name of Party at Alternate Phone Number: _____

Release of Information

I, _____, give permission for WIA to request and receive all necessary information and/or documents concerning my grades (GPA), class schedule, certificate of degree, and transcript.