



Allen County

A proud partner of the
American Job Center network



Release of Information for Partner Agencies

Name _____ SSN _____

I, _____, as an adult 18 years or older, do voluntarily give consent to Allen County Job & Family Services and Ohio Means Jobs Allen County for the release of information regarding our community partners' programs. I understand that information may include (but not be excluded to) housing, program participation, case and activity details, case/individual plans, etc.

In electing to actively participate in the Ohio Means Jobs Allen County programs, I acknowledge my understanding of the conditions involved in active program participation as well as the required one-year follow-up after my program exit.

This release shall expire on _____ or until revoked by me in writing, whichever comes first.

Participant _____ Date _____

Career Consultant _____ Date _____