

PRIVACY ACT AUTHORIZATION AND WAIVER

I, _____, authorize the U.S. Department of Labor and
Job Corps to disclose to the following individuals and/or entities:

any information regarding: _____
Separation Year

*NOTE: Request for information should include the Job Corps Center, separation year,
and nature of the record sought.*

This authorization is effective on the date it is signed, and is effective until specifically
revoked by me in writing.

A copy of this authorization shall have the same force and effect as the signed original.

I declare under penalty of perjury that the foregoing is true and correct pursuant to 28
U.S.C. §1746.

Print Name of Requester

Signature of Requester/Date

Current Address of Requester

Requester Telephone Number

Email - **Please include to receive a response.**

Social Security No. of Requester
(Last 4 digits only)