

PRIVACY ACT AUTHORIZATION AND WAIVER

I, _____, _____ *(last 4 digits of social security number)*, _____ *(date of birth)*, authorize the U.S. Department of Labor and the Office of Job Corps to disclose any information regarding my records at the _____ Center in _____ *(Job Corps Center Address)* to the following individuals and/or entities:

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.

Printed Name

Signature

Separation Year

Date

Address

Phone Number

E-mail Address

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that I am the claimant named above.

Signature

Date