



Authorization to Release Information and Promotional Consent Actualizing BioHealth Career Pathways

Release of Information for Eligibility and Service Provision	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the release of my information to Employ Milwaukee (EMI) and my Career Planner as necessary to determine my eligibility for employment and training programs, services, and activities. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as those provided by partners in the American Job Center Network. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.
Release of Information for Educational Institution	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to EMI and my Career Planner. Such records include my current/past/future enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records, that EMI and my Career Planner must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current financial aid assistance for tuition, books, supplies, or other supportive services to ensure participant success. Such records include my Financial Award letter or other documents that detail sources of grants, scholarships, etc. that I am receiving.
Release of Information for Employment	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the release of my current, past and future employment information to EMI I authorize the release of my current, past and future employment information to EMI and my Career Planner. Such records include information related to my job title, start/end day, hourly wages and hours worked per week. and my Career Planner. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.
Release of Information for Promotional Purposes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I willingly allow the use of any information regarding my participation and experiences in EMI-administered programs for purposes of promoting EMI, the American Job Center Network, and EMI partners. This information may include but is not limited to print materials, websites, and social media.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I willingly allow the use of any image and sound recordings, including but not limited to photographs and video, taken by EMI or for purposes of promoting EMI, the American Job Center Network, and EMI partners. Images and sound may include but is not limited to print materials, websites, podcasts, and social media.

Release of Information for ABC Pathway Reporting Purposes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>EMI and its project partners are committed to data privacy and protection and will only share data that is required to perform data analysis and reporting as it relates to the ABC Pathways project.</p> <ul style="list-style-type: none"> Sharing for reporting purposes: Collected data may be shared in public and grantor reports in aggregated form (meaning, none of your identifiable information will be included in the reports.) Sharing for compliance with the provision of training and services: Individual-level data is required for invoicing, recordkeeping, and audits, and to help analyze the effectiveness of the expended funds and the pathways. <p>You may contact ABC Pathways leadership with inquiries or concerns regarding these releases by emailing: EDAGrantsManager@madisoncollege.edu</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>I further authorize that data collected as part of the program may be released through September 30, 2034, for follow-up data collection and evaluation.</p>

I do hereby authorize the release of information as indicated above, in conjunction with my participation in EMI programming for the above-described purposes. I understand that for records management purposes, this Authorization to Release Information is valid for a seven (7) year period from the date of my signature, unless noted above, or until revoked in writing.

Printed Applicant/Participant Name	Date of Birth
Signature Applicant/Participant Name	Date Signed
Staff Printed Name	Staff Agency
Staff Signature	Date Signed

Form Date: 01.26.26

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IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414) 270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414) 270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414) 270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.