



Release of Confidential Information

I, _____, authorize Lawrence Adult Education, CareerCenters, Western Maine Community Action (WMCA) to release information concerning me to Northern Light Health, Waterville, Maine (Requesting Agencies).

And /or I authorize Northern Light Health, Waterville, Maine to release information concerning me to the Lawrence Adult Education, CareerCenters, WMCA and each other.

This information is to assist the WMCA/CareerCenter and Northern Light Health, Waterville, Maine with employment counseling, training, and job placement.

CareerCenter Staff

Customer Signature

Date

Comments: Assessment information, background checks, progress during training and OJT, attendance, copy of all training certificates, and employment information.

Print Name

Signature of Parent (if minor)

Date