



Kentucky Career Center JobSight

CUSTOMER INFORMATION RELEASE FORM

Customer's Name (Please Print): _____

Social Security Number: _____

As a customer of Kentucky Career Center JobSight (KCC JobSight), I understand that it may be necessary for KCC JobSight partner agencies to share certain information in order to serve me more efficiently and effectively.

I hereby authorize KCC JobSight partner agencies to release information about me and the services that I am seeking or have received to other KCC JobSight partner agencies, related service agencies, or potential employers. I understand that this information will be released only upon valid request and only when sharing the information is appropriate and necessary to provide services to me. I also understand that written medical or psychological information from my records may not be released.

I give my consent on the condition that each KCC JobSight agency will safeguard and protect my privacy as a client in accordance with the Privacy Act of 1974 (P.L. 93-579) 5 USC 552a and KRS 341.190.

This release is valid as long as I am receiving services through KCC JobSight. I understand that I may revoke the consent granted by this form at any time by notifying KCC JobSight.

Customer's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(If Customer is Under 18 Years Old)