



West CAP Skills Enhancement Program
PO Box 308 – 525 2nd Street
Glenwood City, WI 54013
Phone: 800.606.9227 x 1314 Fax 715.265.7031

**AUTHORIZATION FOR RELEASE OF
 CONFIDENTIAL INFORMATION**

PARTICIPANT INFORMATION

Name	Date of Birth	Social Security Number
Address	City, State, Zip	

AUTHORIZATION

I authorize **West CAP**

TO RELEASE Information TO AND/OR **TO OBTAIN Information FROM**

Organization/School	Phone Number	Contact Person
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I authorize West CAP to release/obtain any information regarding my employment, education, financial aid status, public assistance, health and/or other information pertinent to my status as a Skills Enhancement Program participant.

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. Unless revoked, this authorization will remain in effect until my exit from the program. I understand that signing this authorization is voluntary.

 Participant

 Date

 West CAP Staff

 Date