



Release of Information

I, _____, hereby give my permission for SKCAC Industries and Employment Services to exchange necessary information regarding my employment and program services with the agencies and/or individuals indicated below:

Developmental Disabilities Administration, DSHS

Referring Agency

Residential Provider

Parent/Relative

Legal Guardian

King County, Developmental Disabilities Section

Funding Agency

Employer/Volunteer site

Other

The information may be released via mail, phone, personal interview, fax or other means of communication.

I have been informed that information about me is confidential and restricted for employment and program services purposes only.

This release/exchange of information release is active and valid for a 12-month period, from date of signature.

Program Participant Signature

Date

Guardian (if under legal guardianship) Signature

Date