

Student's Authorization for Employment Verification

I hereby consent to the release of all employment records, pertaining to me, within the Scale-Up SELA Program TAACCCT Round 4 Grant Reporting Period (October 1, 2014 to September 30, 2018), to the persons listed below, for the purposes as stated below.

I hereby authorize all of my employers, current or former, to disclose the following information:

1. Verify demographic or contact information; which may include social security number, employee identification number, and other personally identifiable information
2. Employment period
3. Employment status
4. Position(s) held
5. Wage history; including benefits, overtime, shift differential and commission.

to the following persons:

1. Delgado's Scale-Up SELA Program staff
2. Program Evaluator (monitoring of grant outcomes)
3. Specific state and federal grant funders, lead agencies, fiscal administrators of grant programs
4. US Department of Labor/Employment Training Administration (ETA), Louisiana Workforce Commission (LWC), local Career Solutions Center (i.e. JOB1, Jefferson Career Solutions Center, etc.), and/or local Opportunity Centers staff.
5. DCC college officials with a legitimate need to know

for the following purposes:

1. To monitor, assist and determine eligibility for grant-funded programs
2. To monitor and assist with respect to retention and student support needs related to programs within Student & Career Services
3. For reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes
4. To monitor and assist with job placement and employment tracking

I understand further that:

1. Such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law.
2. I have the right not to consent to the release of my employment records for these purposes only by signing below.
3. I recognize that a copy of such records must be provided to me upon my request in writing to the Scale-up SELA Program Director.
4. This authorization remains in effect unless revoked by me in writing.

A copy of this authorization shall be considered as effective and valid as the original.

By signing this form, I certify that I agree to the disclosure of the records referenced above. **This authorization and consent by me is valid for the life of the grant reporting period or until I revoke it in writing.**

PRINTED NAME

DCC ID #

STUDENT SIGNATURE

DATE

☐ I **opt out** of authorization and consent. I understand that I may not be eligible to receive grant-funded employment assistance because of this decision.

PRINTED NAME

DCC ID#

STUDENT SIGNATURE

DATE