

WorkSource Oregon SSN/Information Sharing Authorization

Name (please print)	Social Security Number (voluntary/used for identification purposes only)
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I authorize sharing my Social Security number, employment information, earnings, wages reported by employers, training history and other similar information (i.e. my name, address, work history, training plans) among service providers within the Worksource Oregon workforce system. Providers authorized to share this information include: the community college system, training programs authorized under the Workforce Investment Act (WIA), the Oregon Employment Department programs, the Department of Community Colleges and Workforce Development programs, the Department of Human Services programs for TANF/Food Stamp and Vocational Rehabilitation Services, and other partners in the workforce system (those workforce partners who have signed the local Memorandum of Understanding.)

I understand that:

- Providing my Social Security number is voluntary.
- I will not be denied workforce services for not sharing my SSN.
- This release does not authorize the sharing of medical information, disability information, and student records.
- This release does not authorize the sharing of information with family members, friends, legal authorities, or non-workforce organizations.
- I can cancel this authorization at any time but this will not affect any information that was already disclosed prior to my cancellation.
- My Social Security number will not be given to the general public.
- My Social Security number will be used for keeping records, doing research, and planning.
- My information may be included in data that does not identify me by name or SSN.
- This form will be retained by the organization of the workforce partner who verifies your signature and can be used by other partners throughout the Oregon workforce system.
- My signature indicates that I understand the purpose for sharing this information will be to assist me to reach my employment and training goals and for improvement of the workforce system.

Signature	Date
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Verification by the one-stop partner staff (I have verified the customer's signature/authorization:)

Name	Signature
Organization	Telephone number

WorkSource Oregon Partner Staff:

- Fully explain the intent and use of this form and the information that may be shared;
- Verify the identity of the individual signing the form (witnessing or otherwise attesting the individual completing the form is indeed the individual identified in the form). The person verifying the signature on this Authorization must be knowledgeable and must have completed the local workforce development system's "confidentiality" training/instructions.
- Retain the form in your program files;
- Contact local or state WorkSource Oregon partners for the "requested/needed" information, a faxed or mailed copy is not necessary, just tell the partner that an "WorkSource Oregon information Sharing Authorization" is on file;
- Any WorkSource Oregon partner using this process/document must have signed the local Memorandum of Understanding (MOU);
- Redisclosure of any information received is strictly prohibited;
- Requested under these authorities: Workforce Investment Act; ORS 285A.455; ORS 657.665; OAR 471-010-0050 to 0054.

WorkSource Oregon is an equal opportunity employer/program. Auxiliary aids and services, alternate formats and language services are available to individuals with disabilities and limited English proficiency free of cost upon request.

WorkSource Oregon es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.

