

WRANGELL COOPERATIVE ASSOCIATION

P.O. Box 2021 • Wrangell, Alaska 99929
Telephone: (907) 874-4304
Email: wcatrbe@gmail.com

JOB PLACEMENT & TRAINING RELEASE OF INFORMATION (Valid for no less than 36 months from start date)

Student Name (Print)	Social Security Number
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I authorize the release of information requested by Wrangell Cooperative Association Job Placement and Training Program. This release of information shall be in effect while applying for services to determine eligibility for employment and training services while being a recipient of Wrangell Cooperative Association's Job Placement and Training Program and for any later investigations pertaining to eligibility for services. Wrangell Cooperative Association (WCA) will adhere to the regulations of the Federal Government; therefore, I must release information when requested by WCA for verification for program requirements. Please release the following information to Wrangell Cooperative Association Job Placement and Training Program upon their request:

1. School Transcripts/attendance/evaluations/academic concerns/grades
2. Authorization to speak with Student Counselor/Advisor/Admission Office/Financial Aid Office/Book Store
3. Landlord/Tenant Lease
4. Utility & Bank Information

Beginning date: _____

This release will terminate once training is complete and a copy of certification/degree is received by Wrangell Cooperative Association Job Placement and Training office. A reproduction of this release is valid as the original.

Student's Signature	Date
Job Placement Officer	Date