



DISCLOSURE OF INFORMATION AUTHORIZATION – VOCATIONAL REHABILITATION
 JSND/WORKFORCE PROGRAMS
 SFN 61029 (R. 8-19)

Provide information as it existed when the service was provided.

Participant Name (Last Name)		(First Name)	(Middle Initial)
*Social Security Number		Date of Birth	
Street Address			
City		State	ZIP Code
AUTHORIZATION TO RELEASE INFORMATION			

I authorize (person/organization):

To release information to:

Dept. of Human Services – Division of Voc Rehab
 1237 W Divide Ave, Suite 1A (or other ND location)
 Bismarck ND 58501-1208

State WOTC Coordinator
 Job Service North Dakota
 PO Box 5507
 Bismarck ND 58506-5507

Is the participant currently receiving services under an individualized plan for employment (IPE)?

Yes No

If “no” indicate one of the following:

- 1) Date the IPE was completed (closed)
- 2) Participant never received IPE services

Vocational Rehabilitation Counselor Signature	Date
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This information is being requested to establish eligibility for the vocational rehabilitation target group as part of the Work Opportunity Tax Credit (WOTC) program.

PARTICIPANT AUTHORIZATION

This authorization is voluntary and remains in effect for one year from the participant or parent or guardian’s date as listed below. If no date is indicated, it will remain in effect for one year from the date stamp of receipt by either JSND or VRS. If it is revoked by written notice to either agency, the effective date of revocation is the date of receipt by either agency. Any information disclosed either prior to or up until the date of receipt (by either agency) of the written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed to in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

Participant Signature	Date
Parent or Guardian Signature (Required if participant is under age 18)	Date
Witness Signature	Date

Notice to whomever disclosure is made concerning addiction records: This information has been disclosed to you from records protected by federal confidentiality regulations (42 CFR Part 2). The federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is *NOT* sufficient for this purpose. The federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Check if applicable.

Notice: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be re-disclosed, in which case it may not be protected by state or federal law.

*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax program eligibility purposes, and program performance accountability.

Distribution: To agency/person from whom information is sought; participant; requesting agency.