



**CONSENT TO RELEASE INFORMATION
FOR AEL APPLICANTS**

I, _____, agree to a mutual sharing of information between the following entities: Navarro College and Workforce Solutions for North Central Texas, and its contractors. The information requested is to establish eligibility to fund Adult Education and Literacy services.

The information shared will be limited to the following:

- Full name: _____
- Date of Birth _____
- Full Address; _____
- County of residence when benefits received: _____
- Dates of family TANF eligibility and/or ineligibility
- Dates of family SNAP eligibility and/or ineligibility
- TABE or other educational assessment results

I attest that I am the individual for whom the requested information applies, or I am the parent or legal guardian of the minor child named. I understand that this release is valid when I sign it and is valid for one year, I may withdraw my consent at any time orally or in writing.

Applicant Signature

Date

WSNCT Staff only: HHSC Client number _____ . (If none found mark as N/A)

Workforce Solutions for North Central Texas is an equal opportunity employer/program. Auxiliary aids and services are available, upon request, to individuals with disabilities. For more information visit dfwjobs.com.