



CONSENT FOR RELEASE AND DISCLOSURE OF INFORMATION

I, _____, hereby authorize Top of Texas Charities to release information from my participant file, including but not limited to assessment, identification, verification of benefits, attendance and participation information. Participant information may be released to any of the following entities: Texas Health and Human Services Commission, Texas Workforce Commission, Texas Department of Assistive and Rehabilitative Services, Texas Department of Family and Protective Services, Texas Attorney General, Texas Department of Criminal Justice, local/county corrections departments, Region XVI Education Service Center, Panhandle Regional Planning Commission, City of Amarillo, Texas Tech, Amarillo College, Canyon ISD and/or other agencies, governmental authorities involved in the coordination of services and benefits to the extent necessary for the proper administration of the program rules and the law.

I, _____, hereby authorize and request that the following indicated records and information be made available for use by Top of Texas Charities in connection with my application. I hereby release those holding such information from any and all legal responsibility and liability that may arise from the release and disclosure of information pursuant to this consent.

- ____ 1. Public and /or private school records, results of individual student performance on basic skills assessment tests, GED tests, college placement scores, instruments including NAPT, CAT and other such tests and instruments, and other scores of results of achievement evaluation.
- ____ 2. Medical records including but not limited to records of injury, disability and/or physical/mental limitations. Documentation of a learning disability or other limitation that may interfere with learning in a traditional classroom setting and could be a potential barrier to future employment.
- ____ 3. Release of employment information (including wages) from current or previous employer.
- ____ 4. Release of status, limitations, and conditions of probation or parole from the Texas Department of Criminal Justice and local/county corrections departments, criminal background checks, and Social Security verification.
- ____ 5. Release of information concerning benefits and services which I receive or am eligible to receive from social service agencies including but not limited to TANF, SNAP E&T, CHOICES, NCP, Child Care program services, child support, spousal support, alimony, employment, worker's compensation, unemployment insurance, social security, housing & utility assistance.
- ____ 6. I agree to complete follow ups with Top of Texas Charities as requested if I receive funding.

This information is to facilitate the evaluation and participation of said person with Top of Texas Charities. This release will expire 60 days from date of receipt.

Applicant/Participant Signature

Applicant/Participant (PRINT)

Date