



AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize the Johns Hopkins Health Corporation to release copies of my assessment results and other materials related to the Incumbent Worker Career Acceleration Program (IW-CAP) to the Mayor's Office of Employment Development.

In Addition, I authorize the Project R.E.A.C.H Staff (i.e.: career coaches) to consult with my current department and training provider in their efforts to ensure my success in this program.

I understand that the information and other data provided will be maintained confidentially and used solely for the purposes related to the IW-CAP including the determination of additional assessments, guidance and placement in an appropriate training component.

My signature below provides authorization to release information and releases JHHS from any liability related to this release.

Signature: _____

Date: _____

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