



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of Workforce Services

JON S. PIERPONT
Executive Director

CASEY R. CAMERON
Deputy Director

GREG PARAS
Deputy Director

Dear Parents,

The department is excited to work with the Sevier School District and your student in this exciting internship opportunity. Below you will find an outline of our involvement with your student and some things we will need in order to better help them in this process.

- You should have received a DWS form with this letter. This form needs to be signed by both you as the parent or guardian along with your student. This is an information release form that will allow us to coordinate with the School District and employers about your student as we help them in the process of securing and completing the internship opportunities.
- We have asked that each student register as a job seeker on our website jobs.utah.gov. This will provide some useful tools as they put together their portfolios, help them see available internships and also help connect them to future employment opportunities.
- The Workforce Development Division will be providing workshops on Resumes and Interviewing Skills to the students participating in this program and will be giving them feedback on the resumes they create along with examples of proper job interview techniques. Following completion of the workshop we will provide your student with a certificate of completion. At the end of the internship we will also be giving all the students a presentation on job retention skills.

Here at Workforce Services we are looking forward to working with your student in this program and hope this will be an experience that they enjoy along with learning valuable skills that they will use throughout their careers. Again we thank you for the opportunity to work with your student and look forward to a great semester.

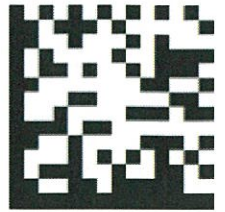


115 E 100 S Richfield, Utah 84701
jobs.utah.gov
Equal Opportunity Employer/Programs

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State of Utah
Department of Workforce Services
**RELEASE/DISCLOSURE OF INFORMATION &
CONSENT FOR COORDINATED SERVICES**



D32617900630101

Name (Print)

PID

Case #

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency..... Yes No

- | | | |
|--|--|---|
| <input type="checkbox"/> Div. of Child & Family Services | <input type="checkbox"/> Div. of Services for People with Disabilities | <input type="checkbox"/> Div. of Juvenile Justice Services |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Juvenile Court | <input type="checkbox"/> Local Mental Health Providers |
| <input checked="" type="checkbox"/> School Districts | <input type="checkbox"/> State/Local Health Department | <input type="checkbox"/> Substance Abuse Treatment Providers |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Social Security Administration | <input checked="" type="checkbox"/> Any & All Employer/Worksite |
| <input checked="" type="checkbox"/> Internship Site | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.

I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.

Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.

R = Release my information from a third party to DWS

D = Disclose my information from DWS to a third party

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Employment Information (wages, hours worked, schedule, etc.) | <input type="checkbox"/> <input type="checkbox"/> Employment Plan Development/Renegotiation | <input type="checkbox"/> <input type="checkbox"/> Legal Information (court documents/orders, etc.) |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Addt'l. Monitoring Information (WSL, CTW, job leads/contacts, etc.) | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> School Information (progress, attendance, schedule, etc.) | <input type="checkbox"/> <input type="checkbox"/> Treatment Information (plan, schedule, attendance, etc.) |
| <input type="checkbox"/> <input type="checkbox"/> Other _____ | <input type="checkbox"/> <input type="checkbox"/> Other _____ | <input type="checkbox"/> <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> <input type="checkbox"/> Other _____ | <input type="checkbox"/> <input type="checkbox"/> Other _____ | <input type="checkbox"/> <input type="checkbox"/> Other _____ |

Signature of Customer

Date

Signature of Parent or Guardian, if under age 18

Date

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162