

**SULA Participant Consent for Release of Confidential Information**

**I consent to and authorize the** **release of** my confidential information as listed below to *[insert SULA provider organization name]* to provide and coordinate Skill Up Los Angeles (SULA) services, payments, and benefits or for other purposes authorized by law. I further grant permission to *[insert SULA provider organization name]* and the following agencies and their consultants to use my confidential information and disclose it to each other for these same purposes: the County of Los Angeles Department of Economic Opportunity; the County of Los Angeles Department of Public Social Services; the County of Los Angeles Auditor-Controller; the California Department of General Services; the Bureau of State Audits; the California Employment Development Department; the California Department of Social Services; and the U.S. Department of Agriculture Food and Nutrition Service.

**The confidential information I hereby release is limited to the following:**

* SULA records, such as intake forms, participation records, employability assessment results, and supportive services records
* CalFresh and CalFresh Employment & Training records
* Employment information as reported by my employers, including wages by quarter

This agreement shall expire three years after the date of signature for the reasons listed in the first paragraph of this form. **I understand that:**

1. Provisions of law, including but not limited to the Information Practices Act of 1977 (Civil Code S1798.17), the Federal Privacy Act of 1974 (Public Law 93-879), Title 22 California Code of Regulations §111440 and Family Code § 17212 protect me from the unauthorized release of confidential information.
2. I may withdraw this consent at any time in writing, but that will not affect any information already shared.
3. If I agree to sign this consent and release agreement, which I am not required to do, I must be provided with a signed copy of the form upon request.
4. Signing this form is completely voluntary and I may refuse to sign this form.
5. If I refuse to sign this form, I will not be able to participate in SULA but may have access to all other applicable services provided by DEO and the AJCCs.
6. A copy of this form is valid to give my permission to release confidential information under the terms of this consent.

*I acknowledge that before signing this consent and release agreement, I have carefully read and fully understand its terms.* *I hereby release and hold harmless all of the persons/organizations designated in this document from any and all liability and claims of any kind, related to the release, sharing, and use of information, as described in the foregoing, provided by any/all of the persons and organizations indicated. This release form has been read and reviewed with me and I understand its content. I understand that disclosing my social security number is voluntary but will be important in helping locate my employment records.*

 *Participant Last Name Participant First Name Middle Initial*

 *Participant Social Security Number Participant Date of Birth Maiden / Other Name*

 *Signature of Participant or Parent/Guardian Today’s Date*