

# COMMUNITY WORKS PROJECT

Self-sufficiency through employment

## Authorization to Release Information

The purpose of this form is to allow Community Works Project to verify my employment and income information, when I become employed; and to share this information with Oregon Department of Human Services.

I, \_\_\_\_\_, born on \_\_\_\_\_, hereby authorize Community Works Project to verify my employment and income.

The information that I authorize my employer to release to Community Works Project is:

**Employer Name; Position Title; Start Date; Wage; and Number of Hours Employed Per Week**

I also authorize Community Works Project to obtain this same information through Equifax Verification Services (aka "The WorkNumber Express Social Service").

I understand that this is not a credit report; and that I may not be entitled to receive a copy of the data accessed by Community Works Project, except as may be required or permitted by law.

I understand that my authorization will remain effective from the date of my signature and that the information released will be handled confidentially and in compliance with all applicable federal and state laws. I also understand that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

.....  
**Section to be completed by Employer:**

Employer Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Wage: \_\_\_\_\_

Start Date: \_\_\_\_\_ Number of Hours Employed Per Week: \_\_\_\_\_