



# Youth Client Release Form

GenerationGo!  
290 North D Street, Suite 600  
San Bernardino, CA 92415  
(909) 387-9859

West Valley AJCC                       East Valley AJCC                       High Desert AJCC

Youth Provider Name:

Name:

Address:

City/Zip Code:

As a Workforce Innovation & Opportunity Act (WIOA) participant, you may participate in the activities and programs of the San Bernardino County America’s Job Center of California (AJCC) Partner agencies and other local service providers. Your signature below authorizes the San Bernardino County Department of Workforce Development Department (WDD) to exchange information about you with the following agencies, as needed, and from these agencies to the WDD:

- San Bernardino County AJCC Partner agencies
- Eligible Training Providers
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**All information exchanged between the above agencies will be held in the strictest confidence. A written request will be required to revoke this authorization.**

**Customer Statement:**

I authorize the Agency/Institution/Individual Provider checked above to release information about me to the San Bernardino County Department of WDD. I understand this release will remain in effect unless I choose to revoke it. This form was completed in its entirety and was read by me (or read to me) prior to signing.

*Participant’s Printed Name:* \_\_\_\_\_

*Participant’s Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify I am the parent or guardian of \_\_\_\_\_ named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
*Parent or Guardian’s Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian’s (please print name)*

