



GENERAL CONSENT FORM

Authorization for the Release of Information

I authorize C-TEC Youth Services to disclose, furnish, receive, and use information regarding

Last	First	MI	Date of Birth
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To/from the following record holders and program partners:

- Clackamas Community College
- Clackamas County high schools and alternative education programs
- Clackamas County Juvenile Department
- Clackamas County Mental Health
- Clackamas Education Service District (ESD)
- Employment Made Possible/First Star Legacy
- GED Testing Services/Pearson Vue
- Housing Authority of Clackamas County
- Job Corps
- Oregon Department of Human Services (DHS)
- Oregon Office of Vocational Rehabilitation Services (OVRs)
- Oregon Youth Authority (OYA)
- Springwater Transitional Living/HomeSafe
- WOAPE
- Workforce Investment Board of Clackamas County
- Worksource Clackamas
- Worksystems Inc.
- The Work Number
- Other _____ Client initials _____ Date _____
- Other _____ Client initials _____ Date _____
- Other _____ Client initials _____ Date _____

This authorization includes the release of information consisting of: **all pertinent social, educational, employment, alcohol and drug, and mental health information** for the purpose of: **eligibility determination, assessment, case management, and coordination of services related to education and employment.**

I agree that the agencies and individuals listed above may share and exchange information about my family and circumstances.

I can cancel this authorization for release at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that the information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Client Signature

Parent/Guardian

Date

(if client in under the age of 18)

Staff Signature

Date
