



## **EMPLOYMENT RELEASE OF INFORMATION**

I, \_\_\_\_\_, give permission for employers to release information to representatives of C-TEC Youth Services for the purpose of verifying employment.

Information may include:

- ◆ Dates of employment
- ◆ Job title
- ◆ Average number of hours worked each week
- ◆ Wage and benefits received

The information may be provided via phone, e-mail, postal service to the address above, or fax at (503) 722-5868.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature *(in case of a minor)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
C-TEC Career Advisor Signature

\_\_\_\_\_  
Date