

Release of Information

I certify that the information provided is true to the best of my knowledge. I am also aware that the information provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that _____ is an affiliate of Nevada JobConnect and the information provided is made available to Nevada JobConnect partners to assist me with my employment and training needs.

Signature of Individual

Date

Signature of Parent, Guardian, or Responsible Adult

Date

Signature of Certifying Staff Person Phone #

Date

Rights

I have read and understand my rights under federal law and know that I have a right to file a complaint. I have received and understand the WIA State Compliance Policy "Discrimination Grievance/Complaint Procedures" Section 4.3.

Signature of Individual

Date

Signature of Parent, Guardian, or Responsible Adult

Date

Signature of Certifying Staff Person Phone #

Date