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**AUTHORIZATION TO OBTAIN/RELEASE INFORMATION**

Please complete this form and return by email to [worcemploymentservices@gov.ky](mailto:worcemploymentservices@gov.ky)

Client's Full Name: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_ hereby give consent for the exchange of information between the Workforce Opportunities & Residency Cayman Agency and the agencies or persons indicated below in order that I may access the necessary services that are needed to support me in my job search. I fully understand that contact will only be made in the instance where information is needed from this agency or where the WORC needs to share pertinent information with or make a referral to the specified agency or person in order for me to fully avail myself of all relevant assistance which will aid me in seeking and securing employment or as a result of my job search.

I understand that refusal to give such consent may result in me not being able to access services via the Workforce Opportunities & Residency Cayman Agency.

- |   |   |
|---|---|
| <input type="checkbox"/> Employers                | <input type="checkbox"/> Needs Assessment Unit          |
| <input type="checkbox"/> All Recruitment Agencies | <input type="checkbox"/> Royal Cayman Islands Police    |
| <input type="checkbox"/> UCCI                     | <input type="checkbox"/> CI Government General Registry |
| <input type="checkbox"/> Other _____              |   |

**Printed Name of Client:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_

For clients 17 years and younger I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ consent to my child's application for services and participation in programs offered by or through the Workforce Opportunities & Residency Cayman and also give consent for the exchange of information between the Workforce Opportunities & Residency Cayman and the agencies or persons indicated herein.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_