



VEC Request of Confidential VEC Information – WIOA

(authorized for use only by WIOA Partners & Service Providers with a current VEC Data Sharing Agreement)

VEC Local Office: _____

WIOA Area # 16

This form MUST be completed in its entirety PRIOR to the release of any confidential VEC information. This form is required each time confidential VEC information is requested.

Legal Entity Name Opportunity Inc. of Hampton Roads Phone (757) 314-2370

(as shown on data sharing agreement)

Address: 999 Waterside Drive, Suite 1314, Norfolk, VA 23510

Representative: Ms. Amanda Green Date _____

Client Name _____

Instructions for WIOA Service Provider: The individual's consent below is required prior to submission to VEC and must be presented every time confidential Information is requested throughout the duration of WIOA eligibility. When faxing this form to the local VEC office, send with a cover sheet on your organization's letterhead, including your name, address, phone, and fax number. ***Do Not Email This Form***

Consent to Release Confidential Information

Instructions for Client: Complete this section to consent to the release of information as described below.

Initial either or both lines below indicating the information to be released.

Sign, date and print your name where indicated.

I consent to allow the organization named above to request and obtain all available information about me from the Virginia Employment Commission's state government files concerning:

_____ my employer information and the wages paid to me

_____ my unemployment compensation benefits

I consent to this release on the condition that the information will only be used for the purpose of assisting in the determination of my eligibility for services under the Workforce Innovation and Opportunity Act (WIOA) and throughout the duration of my WIOA eligibility; that it will be kept confidential; and, that it will not be provided to any other organization.

Signature _____ Date _____

Printed Name _____ SSN _____

(Social Security Number)

VEC LOCAL OFFICE USE

VEC Representative Providing Information _____ Date _____

Instructions for local VEC office: DG90 (Benefits History) and DG91 (Wage History) screens can be provided.

Send this form via VEC inter-office mail to: Central Office, Information Control, Room 201.

Please do not send screen prints - just this form and the fax cover sheet, if applicable.