



**Senior Community Service Employment Program (SCSEP)**

**RELEASE FORM**

I \_\_\_\_\_ hereby authorize my employer (or employers) to

(JOB SEEKER'S NAME)

release any and all of my employment information (including but not limited to wages, hours of work and terms of employment) to CWI Works , or its subgrantee, \_\_\_\_\_.

(SUB-GRANTEE NAME)

I understand that CWI Works or its subgrantee will utilize this information for purposes consistent with the SCSEP. The information will be used strictly for statistical purposes and will not be shared with anyone not associated with SCSEP. This Release is effective for two years from my date of hire into unsubsidized employment.

\_\_\_\_\_  
**JOB SEEKER'S SIGNATURE**

\_\_\_\_\_  
**DATE**