

Authorization to Release Information

I authorize the Statewide Limited Energy JATC to release information about me to prospective contractor employers and IBEW Union Representatives. Information may include items on this form as well as the "Out of Work Survey". *****Please note, do not complete any information you would not want released.**

PLEASE PRINT

Name: _____

Local Union Affiliation: _____ (Local # ONLY)

Pay Grade Level: _____ (JATC will give out current information in our apprenticeship records)

Phone Number (including area code): _____

Alternate Phone or Pager Number: _____

Alternate number is a: Telephone Cell Phone Pager

City of Residence: _____

Please note - We need this form to be returned to our office along with the "Out of Work Survey". This information will help you return to a working status as soon as possible. If you would like prospective contractor employers to have other information please let us know what that is.

I authorize the release of all information noted above as well as information I have submitted on the "Out of Work Survey"

(Signature)

(Date)