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P.O. Box 1098 KY1-1102, George Town, Grand Cayman
Tel: (345) 945 9672 Email: worc@gov.ky

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

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:** _____