

## The Mississippi Partnership WIOA Acknowledgement Form

1. I certify, to the best of my knowledge, that **ALL** information given is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the Workforce Innovation and Opportunity Act program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required or approval to obtain such. I understand that any information provided may be shared with other federal, state, and local or non-government agencies.
2. I authorize agencies and schools, as appropriate, to release to the WIOA Provider information necessary for verifying appropriate applicant intake responses on which program eligibility/ineligibility was based. I understand this information may subsequently be released to the grant recipient, to Workforce Development Areas and/or worksites for eligibility purposes.
3. I agree to notify the WIOA Provider of any address or phone number changes during the time I'm in the program. I also understand that someone representing the WIOA Provider may call me after program completion. I agree to provide them with information about my employment status, earnings, and other information necessary to evaluate program success.
4. Photo/Video Release (mark appropriate response)

☐ I authorize and give my permission for the WIOA Program to use quotes, take pictures and video shots of me while enrolled in the WIOA Program. These photos/videos may be used for workforce program publicity such as newspaper articles, PowerPoint presentations, website photos, etc.

☐ I Do Not authorize and give my permission for the WIOA Program to use quotes, take pictures and video shots of me while enrolled in the WIOA Program.

5. Data Sharing Acknowledgement

I acknowledge that by receiving Workforce Innovation and Opportunity Act (WIOA) services in the state of Mississippi personal information collected during registration for and administration of these services may be disclosed to WIOA partner agencies (including, but not limited to, Mississippi Community College Board, Mississippi Department of Human Services, Mississippi Department of Employment Security, and Mississippi Department of Rehabilitation Services) or their authorized representatives to improve the quality of case management and match records to meet performance accountability, reporting, and evaluation requirements under WIOA (Pub. L. 113-128). I hereby acknowledge and consent to the release of my personal information as indicated.

By signing below, I hereby acknowledge and consent to the items detailed in 1.-5. above.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature (if required)

\_\_\_\_\_  
Date

By signing below, I hereby certify that the items in 1.-6. above were explained to the participant and/or parent/guardian.

\_\_\_\_\_  
WIOA Provider Staff

\_\_\_\_\_  
Date