CHICAGO REGIONAL OFFICE JOB CORPS RECORDS RELEASE AUTHORIZATION WE DO NOT FAX RECORDS

STUDENT INFO	ORMATION (Please pr			
Name:		int - all information is requir	red)	
Vame:				
Name.				
	Last	Maiden	First	
SSN last 4 digits only:			Date(s) of Attendance	
			From:	
Year of Birth (YYYY):			То:	
Name of Job Co	orps Center:			
	JOB CORPS RI	ECORD RELEASE AU	THORIZATION	
My signature held	w authorizes Denartme	ent of Labor. Office of Joh	Corps to release a copy of your Job Cor	
ecords. This aut	horization remains in ef	fect for a period of one ye	ar from the date of this request.	
Student Signature	a.·			
		e foregoing is true and co	rrect, Pursuant to 29 U.S.C. 1746 (2).	
C: 4 5 D	and an Countier.			
Signature of Pare	nt or Guardian.	(If applicant is under 18 years of ag	ge)	
	(rrect, Pursuant to 29 U.S.C. 1746 (2).	
declare under po	(
I declare under pe	(rrect, Pursuant to 29 U.S.C. 1746 (2).	
Send record to me at:	(rrect, Pursuant to 29 U.S.C. 1746 (2).	
Send record	enalty of perjury that th			
Send record to me at:	enalty of perjury that th		rrect, Pursuant to 29 U.S.C. 1746 (2).	
Send record	enalty of perjury that the	e foregoing is true and co	rrect, Pursuant to 29 U.S.C. 1746 (2). / Telephone	
Send record to me at:	enalty of perjury that the	e foregoing is true and con	rrect, Pursuant to 29 U.S.C. 1746 (2). / Telephone	
Send record to me at:	enalty of perjury that the	e foregoing is true and con	/ Telephone ZIP Code	
Send record to me at:	Current Address City RECORDS DEPOSITION SE	State RVICE, INC. /	Telephone ZIP Code	
Send record to me at:	Current Address City RECORDS DEPOSITION SEI Company Name	State RVICE, INC. /	Telephone ZIP Code	
Send record to me at: Send record to:	Current Address City RECORDS DEPOSITION SEI Company Name P.O. BOX 5054	State RVICE, INC. /	Telephone ZIP Code	

230 S. Dearborn St. - Room 676

Chicago, IL 60604

or for more information call: 312-596-5478

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