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

STUDENT INFO	DRMATION (Please		Date of Request://		
Name:		print - all information is requir	red)		
Name:					
	Last	Maiden	First		
SSN last 4 digits	only:	***************************************	Date(s) of Attendance		
			From:		
Year of Birth (YY	YY):	with the same.	Annual Company of the		
			To:		
Name of Job Co	orps Center:				
	a foregraphe	RECORDER HANGE	Trulland (Applian)		
				Assessment of the last of the	
			ob Corps to release a copy of your Job	Corps	
ecords. This auti	aorization remains in	effect for a period of one	year from the date of this request.		
Student Signature	:				
		the foregoing is true and	correct, Pursuant to 29 U.S.C. 1746 (2)	L.	
Signature of Pare	nt or Guardian:	All and the second seco	The second secon		
declare under ne	nolty of paringy that	(If applicant is under 18 years of	f age) correct, Pursuant to 29 U.S.C. 1746 (2)		
deciare under pe	naity of perjury mat	the foregoing is true and	29 C.S.C. 1740 (2)		
	Vocation Education	Medical (Please check all tha	at apply)		
			1		
to me at:	Current Address		/ Telephone		
to me at:	Current Address		/ Telephone		
to me at:	Current Address	State	/ Telephone ZIP Code	- Principles	
to me at:	City		ZIP Code		
to me at:	City Vocation Education	Medical (Please check all	ZIP Code that apply)		
to me at:	City	Medical (Please check all	ZIP Code that apply)		
to me at:	City Vocation Education Records Deposition S	Medical (Please check all Service / Victoria Ri	ZIP Code that apply) chmond	-	
Send record to:	City Vocation Education Records Deposition S Company Name	Medical (Please check all Service / Victoria Ri	ZIP Code that apply) chmond		
Send record to:	City Vocation Education Records Deposition S Company Name P.O. Box 5054	Medical (Please check all Service / Victoria Ri	ZIP Code that apply) chmond		
Send record to:	Vocation Education Records Deposition S Company Name P.O. Box 5054 Address	Medical (Please check all Service / Victoria Ri Contact Name	ZIP Code that apply) chmond j (248) 357-3330 Telephone Number		

Updated: September 11, 2020

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

The following information is required before we can process your request for records.

- 1. Student name at the time he/she attended the program
- 2. Name of Job Corps Center
- 3. Year of graduation or separation from the program
- 4. Your current mailing address
- 5. Your current telephone number
- 6. A valid state-issued or government-issued ID with your picture, date of birth, and signature (you may use your phone to take a picture)
- 7. Your cursive signature is required; your ID should contain this signature

Return this information to this office by fax: (312-596-5471) or by U. S. mail: DOLETA, Chicago Office of Job Corps, 230 S Dearborn Street – Room 676, Chicago, IL 60604, or email: hall.april@dol.gov and Garcia.heriberto@dol.gov

Return this form to: Office of Job Corps 230 S. Dearborn St. - Room 676 Chicago, IL 60604 Fax this form to: 312-596-5471 or email: hall.april @dol.gov for more information call: 312-596-5489