

Senior Community Service Employment Program

RELEASE STATEMENT

I, _____, hereby authorize my employer (or employers) to release any and all of my employment information, (including but not limited to wages, hours of work and terms of employment) to _____, a subgrantee of the State Senior Community Service Employment Program.

I understand that _____ will utilize this information for purposes consistent with the Senior Community Service Employment Program (SCSEP).

The information will be used strictly for statistical purposes and will not be shared with anyone not associated with SCSEP. This release is effective for sixteen (16) months from the date of my initial unsubsidized employment.

Participant's Signature

Date