positively Minnesota Department of Employment and Economic Development

CONSENT TO SHARE WAGE & EMPLOYMENT INFORMATION

Please read. If you need help with or do not understand this form, please contact a staff person.

In accordance with the Minnesota Statute on Data Privacy, M.S. 268.19, Subdivision 1b, I agree that the Minnesota Department of Employment and Economic Development (DEED) may release information on my wages and employment contained on the state's Wage Detail files to _____ (Agency Name).

I understand that this is private information and my decision to refuse to provide consent to share this information will not have an affect on my participation in the program.

I understand that _____ (Agency Name) will use this information ONLY for the following two purposes:

1. Auditing _____ (Program Name) or _____ (Agency Name) and/or
2. Learning how well the _____ (Program Name) is helping people like me.

I understand that Minnesota state law does not allow _____ (Agency Name) to use this information for any other purpose.

This information may not be shared by _____ (Agency Name) without my consent.

This consent goes into effect today. This approval expires after three years from the time I leave _____ (Program Name).

I may cancel this consent in writing at any time.

☐ Yes, I agree to the sharing of wage and employment information.

☐ No, I do not agree to the sharing of wage and employment information.

Participant's Name (print or type)	Date
Participant's Signature	Participant's Social Security Number
Parent/Guardian Signature (if applicable)	Date

FOR AGENCY USE ONLY
Please complete the **Wage Detail** field on the Applicant Information form (# 88) or MFIP Short Application (# 34). Enter a "Y-YES" or "N-No" as indicated by the checked box above consenting to share their wage and employment information. **NOTE: THE PARTICIPANT MAY CANCEL THIS AUTHORIZATION OF CONSENT AT ANYTIME WITH A WRITTEN REQUEST**.