The Workforce Investment and Opportunity Act (WIOA) Consent form for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(person served name)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the legal representative for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my consent to TSE, Inc. to release the name and contact information for the person served and the support team to the Metropolitan Council on Independent Living.  The purpose of this release is to allow MCIL to contact the person to initiate the career counseling process mandated by WIOA.  This consent is valid for one year from the date of this consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Representative Signature         Date