

Apprentice Information Release Consent

I agree to the release of information for purposes of implementation of a federal grant from:

- Florida Department of Education (FL DOE) Division of Registered Apprenticeship
- any training provider
- my employer sponsor
- others involved in my training and employment
- personnel working with the Florida Apprenticeship Grant Consortium
- U.S. Department of Labor

all information related to compensation, credentials earned, dates worked, demographics, employment, social security, title, training and education outcomes, and all other information necessary for grant reporting purposes to verify training progression and completion of my registered apprenticeship program.

Date

Apprentice Signature

Enrollment in a federally funded training program requires information to be provided to the Florida Department of Education, the Florida Apprenticeship Grant Consortium and the U.S. Department of Labor before and after I complete my apprenticeship program (follow-up). I understand and agree to provide information requested.

Date

Apprentice Signature

Apprentice Information**

Last Name: _____

First Name: _____

Email: _____

Phone: _____

Program Sponsor: _____

*Social Security Number: _____

*The submission of your social security number is requested. The apprentice's social security number will only be used to verify the apprentice's periods of employment and wages for purposes of complying with the Office of Management and Budget related to common measures of the Federal job training and employment programs for measuring performance outcomes and for purposes of the Government Performance and Results Act. The Office of Apprenticeship will use wage records through the Wage Record Interchange System and needs the apprentice's social security number to match this number against the employers' wage records. Also, the apprentice's social security number will be used, if appropriate, for purposes of the Davis Bacon act of 1931, as amended, U.W. Code Title 40, Sections 276a to 276a-7, and Title 29 CFR5, to verify and certify to the U.S. Department of Labor, Wage and Hour Division, that you are a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of your occupational classification. Failure to disclose your social security number on this form will not affect your right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of your social security number, which is prohibited.

**This program was funded in whole by a \$5 million American Apprenticeship Grant, as implemented by the U.S. Department of Labor's Employment and Training Administration. The collection of this information helps to track the long-term success of this training program. Your personal information is kept confidential and secure and will not be shared with any outside agencies other than those involved with the support or oversight of the Florida Apprenticeship Grant issued by the U.S. Department of Labor. Your information will never be sold or shared with third party agencies through your participation in grant supported training activities.