

WORK OPPORTUNITY TAX CREDIT PROGRAM

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I hereby authorize my employer, employer representative, or the Connecticut Department of Labor to obtain information from my records to determine my eligibility for the Work Opportunity Tax Credit Program. I also authorize the Department of Social Services, Bureau of Rehabilitation Services, Board of Education and Services for the Blind, Department of Veterans' Affairs and Department of Corrections to release the requested information from my records to my employer, employer representative, or the Department of Labor for that purpose.

Employee Name: _____ SS# _____

Employee Signature: _____ Date: _____

Employer Name: _____ Start Work Date: _____

Employer Address: _____

