



CONSENT AND RELEASE OF PERSONAL INFORMATION

_____ Applicant Name	_____ County
_____ Address	_____ City, State Zip Code
_____ Phone	_____ Email

Applicant acknowledges that previous or current personal information may be necessary to process Applicant's Workforce Recovery Training Program application. Verifications and inquiries that may be requested include, but are not limited to: personal identity, insurance claim information, bank and financial records, tax returns, employment, property records, income and assets. Applicant hereby consents and authorizes the Rebuild Florida Program, its agents, contractors and assigns to request, access, review, disclose, release and share personal information – including any private or confidential information which is not subject to public disclosure but is necessary to process the application. Applicant further acknowledges that any party disclosing information to Rebuild Florida is not responsible for any negligent misrepresentation or omission, and Applicant agrees to hold such parties harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable attorneys' fees and disbursements), arising from or in any way relating to their disclosure. Applicant further acknowledges that the information gathered may be released to any other governing agency responsible for auditing Rebuild Florida including, but not limited to the Department of Housing and Urban Development (HUD) or the Office of Inspector General (OIG). This form will remain valid until revoked in writing.

PRIVACY POLICY

The Applicant acknowledges that he/she has received and reviewed the Rebuild Florida's privacy policy as it relates to the Applicant's personal information and the Applicant's right to privacy. Rebuild Florida's ability to access the Applicant's personal information is a condition of participation in Program.

Applicant Signature

Applicant Printed Name

Date

