



Date: _____

Dear Employer,

The Mayor's Office of Workforce Development (OWD) invests in Boston's workforce by funding a wide range of employment services including skills training program for job seekers and incumbent workers. OWD is now contacting you because a person you recently hired or enrolled into your educational program participated in an OWD skills training program funded by the Neighborhood Jobs Trust. Your feedback provides important information to us about the effectiveness of the programs we support.

A staff person from OWD will be contacting your department or the designated contact person to verify information.

We thank you in advance for your cooperation. I can be reached at 617.918.5285 or lakeisha.franklin@boston.gov for comments or questions.

Below, please find the signed **Authorization for Release of Information** from the skills training program enrollee.

Sincerely,

LaKeisha Franklin
Senior Program Manager
Neighborhood Jobs Trust

AUTHORIZATION FOR RELEASE OF INFORMATION

(Valid for 3 years)

I, _____, authorize my employer or educational institution to release information regarding my employment or academic record to the Office of Workforce Development and/or the job training agency named below. This information will be used for the sole purpose of confirming employment or post-secondary enrollment upon completing a training program funded by EDIC/OWD.

Signature of enrollee _____

Print Name: _____

Date: _____ Job training agency: _____