

Senior Service America, Inc.
Senior Community Service Employment Program

RELEASE FORM

I _____ hereby authorize my employer (or employers) to
(PARTICIPANT'S NAME)

release any and all of my employment information, (including but not limited to wages,
hours of work and term of employment) to _____,
a subgrantee of Senior Service America, Inc.

I understand that _____ will utilize this information for
(SUBGRANTEE'S NAME)

purposes consistent with the Senior Community Service Employment Program
(SCSEP). The information will be used strictly for statistical purposes and will not be
shared with anyone not associated with SCSEP. This Release is effective for 16-
months from the date of my initial unsubsidized employment.

PARTICIPANT'S SIGNATURE

DATE