

## Customer Acknowledgement Form

I have been provided copies of the following handouts explaining my rights as a Camden County One-Stop Career Center (CCOSCC) participant, including the right to file a complaint:

Your Right to File a Complaint  
Types of Complaints and Filing Requirements  
Equal Opportunity is the Law

CCOSCC staff explained these rights to me, gave me the opportunity to ask questions, and included the name, address, and telephone number for the CCOSCC Complaint Specialist and the State Equal Employment Opportunity representative.

### Protection of Personal Identifiable Information

I understand that *Personal Identifiable Information* (PII) data and documents collected during the grant process will be physically safe from access by unauthorized individuals at all times and will be processed using issued equipment, managed information technology, and services at designated locations approved by the Employment and Training Administration.

### Interagency Consent to Release Confidential Information

This is to certify that I give permission to release all requested interagency documentation to the Camden County One-Stop Career Center for the purpose of determining my eligibility for benefits and services, occupational training, work and employment activities, as well as to authorize payment for and monitoring of services.

I understand that my records are protected under federal regulations governing confidentiality and that they cannot be disclosed without my written consent, except in the very limited exclusion circumstances which pertain to 42 CFR Part 2.

The information protected by 42 CFR Part 2 is any information disclosed by a covered program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem, or as a participant in a covered program." I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. If my consent is revoked, I understand that my eligibility for benefits and services may be affected. In any event, this consent automatically expires two (2) years from the date recorded below.

### Certification

I certify that the information provided on prior pages is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and I may be required to document its accuracy.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Name (Please Print)



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