

**North Carolina Department of Commerce  
Division of Workforce Solutions**

**TAA AUTHORIZATION FOR  
RELEASE OF INFORMATION**  
(Trade Act of 1974, as Amended)

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
School

\_\_\_\_\_  
Trade Act Petition No.

**STUDENT'S PERMISSION TO RELEASE INFORMATION:**

I am enrolling in the \_\_\_\_\_  
program to begin on \_\_\_\_\_

My training is sponsored by the North Carolina Department of Commerce Division of Workforce Solutions. My expenses will be paid by that agency under the Trade Adjustment Assistance (TAA) Program for the length of time specified in my letter of authorization, as long as my grades are acceptable and I am meeting the program requirements. This information will be used by the North Carolina Department of Commerce Division of Workforce Solutions solely for the purpose of ascertaining my continuing eligibility for sponsorship under the Trade Act Program, and will not be made available to any other entity for other purposes. It is confidential pursuant to G. S. 96-4(t).

I hereby authorize you to send information about my courses and grades at the end of each academic period to:

**Local Office Contact and Address:**

\_\_\_\_\_  
Signature of Student:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Local Office Representative:

\_\_\_\_\_  
Date:

(DISTRIBUTION: Original to school; Copy to local office and student.)