



County of Los Angeles Alternative Staffing Organization (ASO) Participant Referral Program
CONSENT AND RELEASE AGREEMENT

- 1. I understand that provisions of law, including but not limited to the Information Practices Act of 1977...
2. I have been told that the Alternative Staffing Organizations (ASOs), the Los Angeles County Department of Workforce Development...
3. If I sign this agreement, I authorize the agencies named above to share with each other confidential case information...
4. I am not aware of any court issued order, pending or approved by an administrative agency which bars the agencies named above...
5. This consent and release agreement shall expire one year from the date of my signing this release form...
6. I understand that if I agree to sign this consent and release agreement, which I am not required to do, I must be provided with a signed copy of the form...
7. I agree to release the agencies named above and its agents and employees from any liability whatsoever...
8. I acknowledge that before signing this consent and release agreement, I have carefully read and fully understand its terms.

Participant Name (Print) Date of Birth Last four digits of SSN
Participant Signature Date Staff Signature Date