



Start-Up Now
Records Release / Consent Form
Please print clearly

Name: _____

Last four digits of SSN: _____

I am aware that the CareerSource Broward / Start-Up Now staff may need to contact the appropriate organizations or authorities to obtain information about me in order to establish my eligibility for the Start-Up Now program. I, therefore, give CareerSource Broward / Start-Up Now permission to obtain information from appropriate organizations or authorities, or to release information concerning my records, without condition for further documentation on my part.

Signed: _____

Date: _____