NON-CUSTODIAL PARENT (NCP) CONSENT AND RELEASE AGREEMENT

1. I understand that provisions of law, including but not limited to the Information Practices Act of 1977 (Civil Code S1798.17), the Federal Privacy Act of 1974 (Public Law 93-879), Title 22 California Code of Regulations §111440 and Family Code § 17212 protect me from the unauthorized release of confidential information.

2. I have been told that the Los Angeles County Child Support Services Department (CSSD), the Los Angeles County Department of Community and Senior Services (CSS) and the employment services agencies affiliated with America's Job Center of California (AJCC) want to share my personal information in order to assist me in obtaining employment, enable me to make my child and spousal support payments, expand and coordinate services, create interagency partnerships, evaluate the success of those partnerships and be more effective in their service delivery. This collaboration is called the Non-Custodial Parent Referral Program.

3. If I sign this agreement, I authorize the agencies named above to share with each other confidential child support case information that I am authorized to release information related to my participation in any AJCC program.

4. I am not aware of any court issued protective order, nor a good cause claim under Section 11477.04 of the Welfare and Institutions Code, pending or approved by an administrative agency which bars the agencies named above from access to this information. I further declare that I have no reason to believe that the release of this information to the agencies named above may result in physical or emotional harm to the child(ren) involved in my child support case.

5. This consent and release agreement shall expire one year after completion of, or exit from, program services, as applicable. I understand that if I wish to revoke this authorization at any time before the expiration date, I must submit a written notification of revocation to CSSD and CSS. I also understand that doing this will not change or cancel any information that was shared before the revocation was received.

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. I understand that signing this form is completely voluntary and that I may refuse to sign this form. I understand that if I refuse to sign this form, I will not be able to participate in the Non-Custodial Parent Referral program, but will have access to all other services provided by CSSD, CSS and AJCC.

7. I agree to release the agencies named above and its agents and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from sharing the information with and agencies involved with the Non-Custodial Parent Referral Program.

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's Signature Date	*Staff signature Date*