

OCE RELEASE OF WORK INFORMATION



I, _____ give permission for Oregon
Corrections Enterprises to release the information listed below as requested:

- My Name
- Dates Assigned to OCE Work Programs
- My OCE Work Skills Certificates including OCE Work Experience and Training

I am approving this release of information with the understanding that only the information listed above is to be released.

OCE AIC:

Date:

OCE Staff:

Date: