



WILLIAM S. HART UNION HIGH SCHOOL DISTRICT
OFFICE OF EDUCATIONAL SERVICES



Client Certification and Release Authorization

The information contained in the Career Visions file is CONFIDENTIAL.

_____ I authorize

_____ I do not authorize

The William S Hart UHSD Career Visions Staff to release information contained in this file to prospective employers for the purpose of assisting me with job placement.

Client's Signature

Date

Parent's Signature (if under 18 years of age)

Date

Program Staff Signature

Date