



A partner in **GTWORKS**
THE HARTFORD CONNECTION

Release and Consent of Information and Photograph

I, _____ give my permission to Capital Workforce Partners and the CT Dept. of Labor to release the following information:

___ My name _____

___ My experience with through the: Share Your Story Online Feature

___ My video: _____

___ My photograph

It is my understanding that the above checked items may be used by Capital Workforce Partners (CWP) and related service provider agencies, in written correspondence, print collateral and web based communications (exs. Annual Report, website, displays at Job Fairs or Advocacy Initiatives, in informational brochures at events that promote One Stop services, etc.) I also give my permission to CWP to release the following information to the Connecticut Department of Labor, if they request it for use in any of their materials or correspondence as well. If I have participated in the production of a video I also acknowledge that this video may be posted on You Tube in the Capital Workforce Partners Channel or shared through other various media venues.

Signature _____ Date _____

If under 18, Parent or Guardian Signature _____ Date _____

Address _____ Email: _____

Please return this release to:

Sandra Rodriguez or Cerra Stancil
Capital Workforce Partners, One Union Place, Hartford CT 06103

FAX: 860-722-2485

Thank you for sharing your story.