



## Release and Consent of Information and Photograph

I, \_\_\_\_\_ give my permission to Capital Workforce Partners to release the following information:

\_\_\_ My name

\_\_\_ My experience with (program name) \_\_\_\_\_

\_\_\_ My testimonial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ My photograph or video

It is my understanding that by checking the above items, information about me may appear on the Capital Workforce Partners Website, and may also be used by Capital Workforce Partners and related service provider agencies, in written correspondence, print collateral and web based communications including social media (exs. Annual Report, other websites, displays at Job Fairs or other events, etc.) I also give my permission to CWP to release the following information to the Connecticut or U.S. Department of Labor, American Job Center, KRA Corp., CareerTeam, or other partners if they request it for use in any of their materials or correspondence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent if under age 18 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Please return this release to:

Sandra Rodriguez, [srodriguez@capitalworkforce.org](mailto:srodriguez@capitalworkforce.org) FAX 860-722-2485  
Capital Workforce Partners, One Union Place, Hartford CT 06103

Thank you for sharing your story / image.