



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 the following program(s) _____

- My video _____
- My photograph _____
- My testimonial _____

It is my understanding that the above checked items may be used by Capital Workforce Partners (CWP), and its contracted service providers, in written correspondence, print collateral and web based communications (i.e. Annual Report, website, displays at Job Fairs or Advocacy Initiatives, in informational brochures at events that promote American Job Center 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.

Participant Name

Participant Signature

Date

Parent/Guardian Name
(if participant is under 18)

Parent/Guardian Signature
(if participant is under 18)

Date

Please return this release and consent form to:

Capital Workforce Partners

Email: sgomes@capitalworkforce.org

Fax: (860) 722-2486

Mail: Capital Workforce Partners, 1 Union Place, Hartford, CT 06103