



### Release and Consent of Information and Photograph

**Consent:** I give my permission to Capital Workforce Partners to release the following information: (please check all that CWP has permission to use).

- My name
- My video
- My photograph
- My testimonial

It is my understanding that the above checked items may be used by Capital Workforce Partners and related service provider agencies in written correspondence, print collateral and web-based communications (ex: Annual Report, website, displays at events, informational brochures, or other public settings).

I also give my permission to Capital Workforce Partners to release this 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 with my consent this video may be posted on You Tube on the Capital Workforce Partners Channel or shared through other various media venues.

**Denial of Consent:** I do not give my permission to Capital Workforce Partners to release the following information: (please check all that CWP **does not** have permission to use).

- My name
- My video
- My photograph
- My testimonial

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:** Summer Gomes  
 Email: [sgomes@capitalworkforce.org](mailto:sgomes@capitalworkforce.org)  
 Fax: (860) 722-2485  
 Mail: Capital Workforce Partners, 1 Union Place, Hartford, CT 06103