

Consent for Media Notification

I, _____, hereby authorize Workforce Development, Inc. to release written information, photographs, audio recordings and/or video recordings to the media as an extension of the agency's public recognition of my achievements, contributions and participation in employment and training programs.

I have been informed of the meaning of this release and that my signature on it amounts to a waiver of any claim I might assert against any official, employee, agent or unit of Workforce Development, Inc. arising from this release.

This release shall bind my heirs and assignees.

Signature: _____

Address: _____

Date: _____

Parent Signature or Legal Guardian (If Individual is Under Age 18):

Signature: _____

Address: _____

Date: _____

I do not wish to have my words, photographs, or recorded information used by Workforce Development, Inc.

Signature: _____

Address: _____

Date: _____

*Workforce Development, Inc. is an Equal Opportunity Employer/Service Provider.
This information is available in alternative formats for people with disabilities by calling 507.292.5180 (voice) or by using your preferred relay service.*