

**Consent/Release
For
Agency Publications and Media Activity**

One of the best ways for the Workforce Investment Board to further our mission is to share your success in our programs with community employers, funding sources, and individuals seeking services. By signing this release you are giving the Southeast Missouri Workforce Investment Board permission to share information about you, and the services you have received, in future agency publications or media events. Granting or declining permission is entirely voluntary and will have no effect or consequences in your receiving further services.

This authorization will remain in effect for a period of two years or until revoked in writing.

I hereby give my permission for:

- | Yes | NO | |
|------------|-----------|---|
| ___ | ___ | Use of my name |
| ___ | ___ | Use of my photograph |
| ___ | ___ | Quote my remarks |
| ___ | ___ | Discuss my circumstances and my accomplishments |

Signature

Date

Printed name

Witness