



A partner in **GTWORKS**

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

It is my understanding that the above checked items may be used by Capital Workforce Partners (CWP), or related agencies, in written correspondence, print collateral and web based communications (exs. Annual Report, website, displays at Job Fairs or Advocacy Initiatives, in informational brochures at events that promote One Stop 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.

Signature _____ Date _____

Address _____

Please return this release to:
Sandra Rodriguez, Capital Workforce Partners,
One Union Place, Hartford, Connecticut 06103. srodriguez@capitalworkforce.org or FAX: 860-722-2486. If you have any questions, please call 860-522-1111.

Thank you for sharing your story.