



Media Consent for Release of Information



Consent to Use Written Statements, Photographs, or Quotes

I understand the Missouri Division of Workforce Development is undertaking initiatives to promote the Division and its programs. I wish to assist in these efforts and hereby grant the Division permission as follows:

1. I hereby give the Missouri Division of Workforce Development and its authorized agents, the right to use, reproduce and distribute, in any medium, in whole or in part, written statements or quotes that I/my child may provide to the Division about the Division and its services.
2. I also give the Division the right to identify me/my child by name, and such other identifying information as the company I/my child work(s) for, my/my child's business title, and/or occupation, and I give the Division the right to use, reproduce and distribute photographs of me/my child, in connection with the use, reproduction, or distribution of my/my child's written statements or quotes.

In signing this Consent, I understand and acknowledge that:

- My/my child's photograph, name, title, and/or statement/quotes may be used by the Division in publications, multimedia productions, internet pages, displays, educational material, or advertisements for the Division of Workforce Development.
- I/my child will not receive any compensation for the use of my/my child's name, title, photograph, or written/oral statement.
- To the extent necessary to allow the Department to use, reproduce, and distribute my/my child's name, title, photograph, and statement, I waive any confidentiality rights or privileges that would otherwise prevent such use, reproduction or distribution.
- I release and forever discharges the Division of Workforce Development, its agents, and employees for any and all claims and demands arising out of or in connection with the use of my/my child's name, title, photograph, and statements.
- Said material shall be the sale property of the Division of Workforce Development or its assignees.
- I am over 18 years of age and otherwise legally competent to sign this Consent.
- I have read this Consent in its entirety and understood it prior to executing it.

Signature: _____

NAME (Printed): _____

DATE: _____

ADDRESS: _____

PHONE: _____

Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.

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