



**NEWS MEDIA AND MEDIA PRODUCTION
RELEASE OF INFORMATION**

Name: _____			Date: _____
First	Middle	Last	
Address: _____			
Street or Post Office Box			
City: _____	State: _____	Zip Code: _____	
Participant ID: _____		Telephone Number: _____	

I, _____, do hereby give the Oklahoma Employment Security Commission (OESC), Local Workforce Investment Board (GCWDB), and/or WIOA Service Provider full permission to use or release the information in the categories checked below. I understand the information about me will be used to promote public awareness and educate persons with an interest in utilizing the services of the OESC, GCWDB, and/or WIOA Service Provider to find employment, obtain training, and participate in the many other services provided by the OESC, GCWDB, and/or WIOA Service Provider. The information may be included in a newspaper article written by a reporter, who is not employed by the OESC, GCWDB, and/or WIOA Service Provider or public awareness material produced by the OESC, GCWDB, and/or WIOA Service Provider. I further understand that the OESC, GCWDB, and/or WIOA Service Provider does not have any control over the information included in a newspaper article, including the caption under the pictures or the headline used for the article. I further understand that I will not receive any fee or compensation for the use of this information, nor will receive any royalty for its use. I further understand that the information, in written, oral, picture, or video form is prohibited from use for commercial or political purpose.

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| <input type="checkbox"/> Name | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Business or occupation | <input type="checkbox"/> Photographs, video or digital images |
| <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Address (street, city, town, or county) |
| <input type="checkbox"/> I do not give my permission to use or release any of my information for any news media or media production purpose. | |

Participant Signature	Date
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Parent/Guardian Signature (if participant is under 18)	Date
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Approval

Authorized WIOA Representative	Date
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