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Rivers East
WORKFORCE DEVELOPMENT BOARD



Publication Authorization Form

Participant Name: _____ State ID: _____

I, the undersigned WIOA participant and/or NCWorks Center customer, authorize the use of my name and/or photograph in publications including, but not limited to, news releases, newspaper articles, video, social media/internet and any other form of publication to promote the positive results of these federally and state funded workforce development programs. I understand that if detailed information about my life experiences will be used as narrative in such publications, I will be able to review the narrative prior to its use.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (*if under 18*): _____ Date: _____

Staff Signature: _____ Date: _____

I, the undersigned WIOA participant and/or NCWorks Center customer, **do not** wish to have my name and/or photograph in news releases, newspaper articles or any other form of publication.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (*if under 18*): _____ Date: _____

Staff Signature: _____ Date: _____