

**Consent and Release**

I, \_\_\_\_\_ Last 4 of SSN# \_\_\_\_\_

Understand that it may be necessary for Forward Careers, Inc. (FCI) program staff to obtain information about me, and/or to provide information required for program enrollment and to the appropriate agencies considering me for employment.

IN SIGNING, I HEREBY AGREE TO THE FOLLOWING:

- To allow the release of information necessary to verify information on my application and/or other related forms.
- To allow the results of assessment tools, such as surveys, questionnaires, and interviews to be used by myself and Career Planners in deciding which available programs best suit my employment, education and/or training needs as outlined in my negotiated Individual Development Plan (IDP).
- To allow the release of information required for program enrollment/operation, including testing, and assessment results, as well as information contained on my IDP to the appropriate agency considering me for employment, education and/or training services.
- To allow program staff to release employment information (example: resume) to potential businesses for employment purposes. This may include unencrypted electronic transmission methods (email, fax, etc.), if requested.
- To allow my employer to release employment information necessary for verification of my employment as required for placement reporting and follow-up purposes.

I also authorize the release of all information that may be necessary for my successful enrollment in a partner agency program including the following:

- Information necessary to verify information on my application and/or other related forms
- Any test or assessment tool results, such as surveys, questionnaires and interviews
- Medical reports for referral to Division of Vocational Rehabilitation which relate to incapacitation, handicap or disability to use in determining eligibility for services

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photograph and Publicity Release**

I hereby grant to Forward Careers, Inc. (FCI) the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of FCI or its partners. I agree that FCI has complete ownership of such material and can use said material for any purpose consistent with FCI's mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc. I have read and understand this consent and release.

**I give my consent** to FCI to use my name and likeness to promote FCI programs, services, and/or their activities.

Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Applicant declines photograph and publicity release

