

## EMPLOY MILWAUKEE PROMOTIONAL CONSENT FORM

	Release of Information for Promotional Purposes
☐ Yes ☐ No	I willingly allow the use of any information regarding my participation and experiences in Employ Milwaukee- administered programs for purposes of promoting Employ Milwaukee and the American Job Center Network. This information may be in written materials and websites.
☐ Yes ☐ No	I willingly allow the use of any photograph taken by Employ Milwaukee for purposes of promoting Employ Milwaukee and the American Job Center Network. Photographs may be included in written materials and websites.

I understand that authorizing the release of information or photographs for promotional purposes is not required for my participation in Employ Milwaukee workforce programming. I understand that for records management purposes, this Promotional Consent Form is valid for a seven (7) year period from the date of my signature or until revoked in writing.

Printed Applicant Name	Date of Birth	
Applicant Signature	Date Signed	
Parent/Guardian Name (if applicant/participant is under 18 years of age)		
Parent/Guardian Signature	Date Signed	
Staff Printed Name	Staff Agency	
Staff Signature	Date Signed	

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or

<u>Carrie.Hersh@employmilwaukee.org.</u> Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains <u>important information</u> about your rights,responsibilities and/or benefits. It is critical that you understand the information in this document,and we will provide the information in your preferred language at no cost to you. Call (414)-270-1726 for assistance in the translation and understanding of the information in this document.

iiMPORTANTE! Este documento contiene informacion importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la informacion en este documento. Nosotros le podemos ofrecer la informacion en el idioma de su preferencia sin coste alguno para usted. Llame al (414)-270-1726 para pedir asistencia en traducir y entender la informacion en este documento.

TSEEM CEEB! Daim ntawv no muaj ib cov lus tseem ceeb qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. Hu rau (414}270-1726 yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.