



## Workforce Solutions of West Central Texas

### Authorization to Release Written Information, Photographs, or Video

I, hereby authorize Workforce Solutions of West Central Texas (including any of its officers, employees, contractors and agents) to release, disseminate, or use marketing-related written information about myself (or my child) for print, broadcast, or electronic publications.

I authorize the use of my photograph (or my child's), if provided, for the same purpose. I also authorize the use of videotape or film taken of me (or my child) individually or in conjunction with any other film or videotape for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade.

I understand that I will not be given any monetary compensation for my time or services. I hereby release and discharge Workforce Solutions of West Central Texas from any and all claims and demands arising out of, or in connection with, the use of written material/photographs/videotape/film including any and all claims for libel.

I am 18 years or older. (If not, a parent/guardian needs to sign the form as well.) I have read the foregoing and fully understand the contents thereof.

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**Printed Name of Subject**

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**Signature**

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**Date**

**Workforce Solutions of West Central Texas**  
**500 Chestnut, Suite 1100**  
**Abilene, TX 79602**  
**Phone: (325) 795-4200**  
**Fax: (325) 795-4381**  
**Relay: (800) 735-2989 (TTY) / 711 (Voice)**  
**employerservices@workforcesystem.org**

*Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.*

*Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.*