

**ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT  
"MEDIA RELEASE FORM"**

**IMPORTANT:** The following information is needed to facilitate the release of information to the news media regarding any youth under the age of 18 who participates in any and all events, activities and service projects of the Atlantic County One Stop Career Center. This includes names, photos, and information procured during an interview. **PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND RETURN IT PROMPTLY.**

**TO BE COMPLETED BY PARENT / GUARDIAN**

I, (*print name*) \_\_\_\_\_, parent / guardian of (*print student's name*) \_\_\_\_\_, hereby give my permission for information regarding the participation of my son / daughter in any of the agencies / programs listed above to be released and provided to the media. I will \_\_\_\_ or will not \_\_\_\_ allow my son / daughter to be contacted prior to any events for interviews and / or photographs with the press or other media outlets.

Signature of parent / guardian \_\_\_\_\_

Telephone number (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of student \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Agency / Department \_\_\_\_\_

Representative's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

*(For office use only)*

Date recvd' \_\_\_\_/\_\_\_\_/\_\_\_\_