



**AUTHORIZATION TO RELEASE INFORMATION
EMPLOYMENT AND TRAINING ADMINISTRATION
U.S. DEPARTMENT OF LABOR**

I, _____ hereby authorize the U.S. Department
(Please print your name)
of Labor (including any of its officers, employees and agents), within its absolute
discretion, to release, disseminate, or use in any manner it sees fit the attached
document and any information contained therein, as well as my photograph if provided,
as a likeness of me (or my child,) for same use. I hereby waive any claim arising out of
such release, dissemination or use.

(Signature of participant or parent/ legal
guardian if participant is under 18)

(Date)

Print name of child if applicable