

RELEASE OF INFORMATION FORM

I hereby authorize Hampton Roads Workforce Council (formerly Opportunity Inc. of Hampton Roads) and _____, to conduct an independent investigation of _____'s graduation from high school.

I hereby authorize _____, to provide information regarding _____'s graduation from high school.

I hereby grant permission to Hampton Roads Workforce Council and _____ to take (and publicize) photographs and/or moving pictures, and/or voice recording, and/or personal interview of _____ for news, public affairs, advertising and/or other purposes.

I understand that this document may be used by Hampton Roads Workforce Council and _____ to obtain graduation verification after _____ exits from the program.

PARTICIPANT INFORMATION:

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH _____ PHONE NUMBER _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Attested to and understood by:

Parent/Guardian Signature Date

Participant Signature Date

Witnessed by:

Contractor Signature Date