



**Workforce Solutions**  
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**AUTHORIZATION TO RELEASE WRITTEN INFORMATION**

(Along with photograph, if included)

I, \_\_\_\_\_, hereby authorize **Workforce Solutions** (including any of its officers, employees, contractors and agents) to release, disseminate, or use the attached information about myself (or my child) for print, broadcast or electronic publication.

I also authorize the use of my photograph (or my child's), if provided, for the same purpose.

I understand that only a first name will be used, and that the name of my employer or other confidential information will not be published or transmitted.

In signing this release, I waive any claim arising out of such release, dissemination, or use.

\_\_\_\_\_  
(Printed Name of Participant)

\_\_\_\_\_  
(Printed Name of Parent/guardian)

\_\_\_\_\_  
(Signature of Participant or Parent/guardian)

\_\_\_\_\_  
(Date)