Iowa Workforce Development

IowaWORKS

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Consent for Use of Image

I hereby grant permission to Iowa Workforce Development (IWD), the Vocational Rehabilitation (VR) Services Division, IowaWORKS, Disability Determination Services (DDS) and the State of Iowa (State) to use written materials of me, photographic images of me, video images of me, and recordings of my voice in public relations, promotional, and educational activities, including but not limited to:

- Brochures and other printed materials;
- Iowa Workforce Development and State websites;
- PowerPoint presentations;
- Press releases and other communication sent to the news media;
- Social media posts; and
- Advertisements.

Waiver

I waive the right of approval of IWD, VR, IowaWORKS, DDS and the State's use of written materials of me, photographic images of me, video images of me and recordings of my voice for use in public relations, promotional and educational activities. I waive all claims for damages of any kind based on IWD, VR, IowaWORKS, DDS or the State's use of photographic images of me, video images of me, or recordings of my voice in public relations, promotional or educational activities. I waive the right to any compensation for IWD, VR, IowaWORKS, DDS or the State's use of my image in public relations, promotional and educational activities.

Acknowledgment

By signing below, I acknowledge that:

- I am of legal age (18 years old or older), or if under 18, have a parent/guardian's signature.
- I am freely signing this document.
- If I am a client of Vocational Rehabilitation Services, I understand that information about my disability may be disclosed in a public success story.
- I have read and understood this document.
- I agree to all the terms contained in this document.

- My dated signature below provides permission to use this promotional material until I revoke in writing. I understand I may request at any time that my picture and information not be used in any newly created material.

_____

(Signature, must be an original signature) (Date required)

_____

(Parent/Guardian/Representative, must be an original signature) (Date required)

_____

(Parent/Guardian/Representative, must be an original signature) (Date required)

_____

(Name)

_____

(Address)

_____

(Phone Number and Email Address)

_____

IWD, VR, Iowa*WORKS*, or DDS Representative Signature Area Office