



Release and Consent of Information and Image

I, _____, give my permission to the City of Boston (COB), Boston Redevelopment Authority (BRA), Economic Development and Industrial Corporation (EDIC), and Mayor's Office of Workforce Development (OWD) to release the following information:

My name

My photographic, video or digital image

My testimonial and/or experience with the job training program.

It is my understanding that the above checked items may be used by COB, BRA, EDIC, and/or OWD and related staff in written correspondence, print collateral, and web-based communications, such as the Annual Report, NJT Impact Report, website, informational brochures, events that promote OWD-funded programs, etc. This is a complete release to COB, BRA, EDIC, and OWD of all claims in connection with said name, digital, video or photographic image, and testimonial and/or experience with the NJT-funded job training program listed below.

Name of Organization/Job Training Program

Signature

Address

City, State, and Zip

Phone Number

Email Address

Please return this release to:
Vroselyn Benjamin
Mayor's Office of Workforce Development