



**Alaska Department of Labor and  
Workforce Development**

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**Photo Release Form**

I, \_\_\_\_\_, grant the State of Alaska, the Alaska Office of the Governor, the Alaska Department of Labor & Workforce Development and/or other State of Alaska departments, agencies, divisions, sections, or units the irrevocable right to use my photographic/video graphic likeness and/or verbal and/or written comments for reproduction in any media including but not limited to print and electronic media and the Inter-net for purposes of news dissemination, public information, marketing or public policy discussion purposes. My release of these images and/or commentary is absent any/all further or additional conditions. I further declare that I am the person in the photograph(s)/videotape(s). I waive any right, stipulated or implied that I may have to inspect and approve the finished image or commentary that may be used or the use to which it may be applied. I release the State of Alaska and its administrative subdivisions and agencies from any claim(s) for remuneration associated with the editorial, news, marketing or public information use of these images and/or commentaries. I affirm that I am more than 18 years of age. In the event that I am a minor, a legal guardian or parent shall also be required to affirm and sign this release on my behalf. If requested, I shall present a State of Alaska driver's License or other legal form of identification including my photograph and confirming my birth date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone - Home: \_\_\_\_\_  
Address: \_\_\_\_\_ Work: \_\_\_\_\_  
City: \_\_\_\_\_ Cell: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

MINOR ONLY – model witness (model under 18 years old)

Witness/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness/Legal Guardian Printed Name: \_\_\_\_\_  
Witness Legal Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMPLOYMENT AND TRAINING STANDARDIZED SUCCESS STORIES

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Veteran:  Yes  No

Program: Choose an item.

Program: Choose an item.

Program: Choose an item.

Program Status: Choose an item.

FY: \_\_\_\_\_

PY: \_\_\_\_\_

Ext Qrt.: Select One

Exit Date: \_\_\_\_\_

Details/Success Story Narrative (Include Individual's Background):

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Job Center/Grantee: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_