

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

OMB Control Number: 1205-0040

Expiration Date: XX/XX/XXXX

CONSENT FOR USE AND PUBLICATION OF INFORMATION

The Employment and Training Administration/ Division of National Programs, Tools, and Technical Assistance/ Older Workers Unit of the United States Department of Labor and [INSERT GRANTEE NAME] are hereby given my consent to (CHECK PROPER BOX):

use and publish **video/film footage, pictures or photographic likenesses**, in whole or in part, of (PRINT NAME CLEARLY) _____, who is identified by _____ (COLOR OF CLOTHING), for the purposes of promoting the SCSEP.

use **his/her name** for the purposes of promoting the SCSEP.

use **his/her statement(s)** for the purposes of promoting the SCSEP. The statement is:

For the items checked above, I understand that this information may be used or published through any medium, including the Internet.

Any right to inspect or approve the finished product or the advertising or other copy of the designated material is waived.

The Employment and Training Administration/ Division of National Programs, Tools, and Technical Assistance/ Older Workers Unit and the United States Department of Labor, and all persons acting under the direct permission or authority of the Employment and Training Administration/ Division of National Programs, Tools, and Technical Assistance/ Older Workers Unit are released from any liability that may arise out of the use of the portraits, photographic likenesses, name, and/or statements if used for the purposes of promoting the Senior Community Service Employment Program (SCSEP).

DATE: _____

SIGNATURE: _____

(Parent or Guardian must sign for a minor)

WITNESS: _____

Name (Printed)

ACKNOWLEDGEMENT:

I have read this document and it was fully explained to me by a SCSEP representative.

WITNESS: _____

SIGNATURE: _____

(Parent or guardian must sign for a minor)

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