

Oklahoma Employment Security Commission



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Representing the Public

Rev. W. B. Parker, Chairman

Representing Employees

Rev. Mike Wester, Commissioner
Susan Stoll, Commissioner

Oklahoma Employment and Training Issuance #08-2010 Final State Policy

TO: Local Workforce Investment Boards

FROM: Richard J. Gilbertson, Director
Workforce Integrated Programs Division

DATE: May 12, 2010

SUBJECT: News Media and Media Production Release of Information for WIA Title I Youth Program

PURPOSE: To provide a standard participant release of information form to be utilized by Local Workforce Investment Boards (LWIBs) effective May 12, 2010.

Portions of this policy have been updated effective May 19, 2010. Pay specific attention to the following:

- An option has been added for participants who do not wish to give consent to release their information for any news media or media production purpose.

MESSAGE: There may be times when the State may report on innovative aspects of the WIA Title I Youth Program. Names and photographs of youth participants are often used in the compilation of such reports. It is necessary to have a media release that sufficiently protects the State, LWIBs, and WIA Service Providers from legal action when releasing personal information, such as names and photographs, in these reports.

ACTION: LWIBS are required to use Form 08-2010/01, News Media and Media Production Release of Information for all participants in the WIA Title I Youth Program. This form may not be modified and must be kept in the participant's paper case file. All youth enrolled after May 10, 2010, will be required to complete this form as part of the application process. Workforce Investment Board Staff are required to widely distribute copies of this issuance to staff as appropriate for immediate implementation.

RESCISSIONS: None.

REQUIRED FORMS:

- Form 08-2010/01 – News Media and Media Production Release of Information

INQUIRIES: If you have any questions pertaining to this issuance, please contact Kim Braddy at (405) 557-5394, kim.braddy@oesc.state.ok.us, or Tami Decker at (405) 962-7595, tdecker@oesc.state.ok.us.

**NEWS MEDIA AND MEDIA PRODUCTION
RELEASE OF INFORMATION**

Name:	<div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Date: _____
Address:	Street or Post Office Box	
City:	_____	State: _____ Zip Code: _____
Participant ID:	_____	Telephone Number: _____

I, _____, do hereby give the Oklahoma Employment Security Commission (OESC), Local Workforce Investment Board (LWIB), and/or WIA Service Provider full permission to use or release the information in the categories checked below. I understand the information about me will be used to promote public awareness and educate persons with an interest in utilizing the services of the OESC, LWIB, and/or WIA Service Provider to find employment, obtain training, and participate in the many other services provided by the OESC, LWIB and/or WIA Service Provider. The information may be included in a newspaper article written by a reporter, who is not employed by the OESC, LWIB, and/or WIA Service Provider or public awareness material produced by the OESC, LWIB, and/or WIA Service Provider. I further understand that the OESC, LWIB, and/or WIA Service Provider does not have any control over the information included in a newspaper article, including the caption under the pictures or the headline used for the article. I further understand that I will not receive any fee or compensation for the use of this information, nor will I receive any royalty for its use. I further understand that the information, in written, oral, picture, or video form is prohibited from use for commercial or political purposes.

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|--|---|
| <input type="checkbox"/> Name
<input type="checkbox"/> Business or occupation
<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> I do not give my permission to use or release any of my information for any news media or media production purpose. | <input type="checkbox"/> Voice
<input type="checkbox"/> Photographs, video or digital images
<input type="checkbox"/> Address (street, city, town, or county) |
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Participant Signature	Date
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Parent/Guardian Signature (if participant is under 18)	Date
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Approval

Authorized WIA Representative	Date
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