



Apprenticeship For Child Development Specialist (ACDS)

Consent for Release of Information

Name: _____ Date: _____

Status Pertaining to ACDS (check all that apply):

- Apprentice**
- Journey person**
- Instructor**
- Mentor**
- Local Council Member**
- Executive Council Member**

Employer/Organization	Email Address (personal)	Email Address (professional)	Home Telephone Number	Cell Phone Number	Work Telephone Number

I authorize the ACDS program to release the following information selected from the list below:

- Employer/Affiliated Organization**
- Personal Email Address**
- Professional Email Address**
- Home Telephone Number**
- Cell Telephone Number**
- Work Phone Number**
- Photographs**
- Statements/ Quotes Pertaining to the ACDS program**
- My Status Pertaining to ACDS**

By signing this document I grant the Apprenticeship For Child Development Specialist Program permission to publish the above indicated information on the ACDS website and/or in ACDS publications, such as the quarterly newsletter. I am the individual to whom the requested information applies, or the parent or legal guardian of a minor.

Signature: _____ Date: _____