



# Consent for Release of Information

\_\_\_\_\_  
Printed Name

Status pertaining to ACDS (check all that apply):

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

Please complete the chart below providing the information as you want it to appear on the ACDS website.

Employer or Affiliated 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 pertaining to the ACDS program
- My status pertaining to ACDS (i.e. local council representative, instructor, apprentice, etc.)

By signing this document I grant the Apprenticeship for Child Development Specialist program (ACDS) permission to use the above indicated information for program promotion and information distribution. Some examples of where this information may be published include: the ACDS Facebook page, the ACDS website, and ACDS publications, such as the quarterly newsletter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.*

