

IVRS MEDIA RELEASE

I voluntarily agree to participate in the publicity efforts of Iowa Vocational Rehabilitation Services.

I understand that this may identify me as a job candidate of IVRS and may indicate the services I have received. I grant IVRS permission to take and use photographs, videos and/or information about myself for media production associated with public presentations, written publications, public service announcements, and similar efforts.

I understand that the photographs and any other materials will be used without compensation and will become the property of IVRS.

I understand the information being released will contain (check all those areas for which approval is granted):

- Identify my disability
- Identify my barriers to employment
- Identify the job I obtained and the wages I earn
- Identify how my counselor assisted me in my goal
- Other: _____

My dated signature below provides permission to use this promotional material until I revoke in writing. I understand I may request at any time that my picture and information not be used in any newly created material.

(Signed)

(Job Candidate Signature, must be an original signature) (Date required)

(Parent/Guardian/Representative, must be an original signature) (Date required)

(Printed)

(Job Candidate Name)

(Address)

(Phone Number) (County)

(E-Mail Address)

(Printed)

IVRS Representative Area Office



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VR staff can use the following questions as ideas when taking notes during your discussion with your job candidate at closure – or you can summarize in an attachment to this form.

Background information about the job candidate:

Job Candidate's job title:

Name of Employer:

Challenges and limitations posed by the disability:

IVRS services provided to assist the job candidate in achieving vocational goals:

Counselor's involvement to assist the job candidate with obtaining community employment:

Services provided by Counselor to assist the employer so job candidate could be productive:

Employer comments (strongly encouraged):

Job candidate comments (strongly encouraged):

Do you have a photo available we can use? YES NO

May we take a photo? YES NO If you have a photo, please send to Victoria.Carrington@iowa.gov

Please attach your story if already developed (in lieu of completing this form), or attach any additional info.

Success Story Type (please check all that apply):

<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Ticket To Work	<input type="checkbox"/> Veteran
<input type="checkbox"/> Transition Student	<input type="checkbox"/> Project Search Student	<input type="checkbox"/> Employment First	<input type="checkbox"/> Older Worker Program
<input type="checkbox"/> Employer Partnership	<input type="checkbox"/> Other (please note) _____		