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## Success Story/ Client Update Submission Form

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Please circle the program that describes the nature of your submission:

**YOUTH • ITA • OJT • APPRENTICESHIP**

**ADULT DISLOCATED WORKER • IN SCHOOL YOUTH • OUT OF SCHOOL YOUTH**

- Graduation
- First Day of Class
- End of Semester

- Notable Achievements (i.e. Dean's List, Internship, Special Assignment, etc.)

**Name:**

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**Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Answer the following:**

**How did you hear about the WIOA program?**

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**Please explain why you enrolled in the training program.**

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**Summarize your training experience (i.e. quality of service, relevance of training, career guidance by staff, etc.).**

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**Has the training made a positive impact on your life since completion? What are your hopes for the future?**

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**Notable Achievements:**

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**Please answer the following:**

Place of employment

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Rate of pay before training \_\_\_\_\_ Rate of pay after training \_\_\_\_\_

## Publicity Release Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

•I hereby assign the rights to interview transcripts, video recordings and/or photographic recordings made of me by Southwest Alabama Partnership for Training and Employment (SWAPTE) or its agency/agencies.

•I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said transcripts, recordings and/or photographs for purposes deemed suitable by SWAPTE. Such promotion includes, but is not limited to, publication of said transcripts, recordings and/or photographs in newspapers, newsletters and other mass media.

•I understand that by my signature, I also waive all rights to compensation for the use of all said materials.

•I hereby waive any right to approve the finished products. My image and statements referring to me may be used with or without identifying me.

•I hereby certify that I am 18 years old or older and am competent to contract my own name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: \_\_\_\_\_

## Parental Consent & Release

If the individual is a minor (younger than 18 years old), the following must be signed by a parent or legal guardian: I hereby consent and agree, individually and as a parent or legal guardian of the minor, to all the terms and provisions above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_