



MICHAEL L. PARSON, GOVERNOR • ROBERT J. KNODELL, DIRECTOR
PATRICK LUEBBERING, CHIEF FINANCIAL OFFICER
DIVISION OF FINANCE & ADMINISTRATIVE SERVICES
3705 MISSOURI BLVD, JEFFERSON CITY, MO 65109
WWW.DSS.MO.GOV

Participant (Child) Success Story Release Form

Office of Workforce and Community Initiatives (OWCI)

I am the parent or legal guardian of _____, who is a minor child. I give permission to the Department of Social Services (DSS), to obtain and use my minor child's information for publications. This information may include my child's story/or interview, name, and photographs and may be shared in the form of written articles, video segments, and online publications.

We will not use your name and/or photographs when there are safety concerns. Please indicate how we can protect your privacy by selecting one of the following:

- I give DSS permission to use my story, name, and photographs.
- I give DSS permission to use my story and name (no photographs).
- I give permission for DSS to use my story only (no name or photographs).

My signature below indicates that I understand my information will be used for DSS publications. I also understand that if I decline to give DSS permission, it does not affect my eligibility for benefits or services.

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date

Success Stories can be viewed at: dss.mo.gov/employment-training-provider-portal/success-stories.htm

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

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