



Pathways Release Form (Required)

I _____ authorize the following agencies: Arkansas Department of Higher Education, Department of Health and Human Services, Department of Workforce Services, Department of Workforce Education, and ACT –Work Keys, to share pertinent information about myself, and my children for the process of verifying my eligibility, to track my progress in the Arkansas Career Pathways Initiative, and to track my progress after leaving the Arkansas Career Pathways Initiative. The information that will be shared includes but is not limited to: name, date of birth, and social security number. This release form can be revoked at any time with a written statement from me.

Student’s Signature: _____ Date Signed: _____

Pathways Promotional Release Form (Optional)

I _____ authorize, with prior notification, my name and photograph to be used in newspapers, newsletters or other public awareness components for the state agencies listed above or college I attend in conjunction with the Arkansas Career Pathways Initiative. This release form can be revoked at any time with a written statement from me.

Student’s Signature: _____ Date Signed: _____

Child Disclosure (Required)

I _____ verify that I am a parent, with a child under the age of twenty-one that lives with me in my residence, on a full time, permanent basis.

Student’s Signature: _____ Date Signed: _____

List all of the children’s names and ages:

Child’s Name: _____ Age ____ Child’s Name: _____ Age ____

Child’s Name: _____ Age ____ Child’s Name: _____ Age ____

Child’s Name: _____ Age ____ Child’s Name: _____ Age ____

Witnessed By: _____

(Career Pathways Staff Only)