



151 Fountain NE, ATC-212 Grand Rapids, MI 49503-3263 Phone 616-234-2206 Fax 616-234-3533 apprenticereg@grcc.edu

GRCC-Michigan Apprenticeship Program Plus (MAP+) Information Release Form

Employer Sponsor/Title _____ Date of Hire _____

Student Apprentice Name _____ Student # _____
(or Social Security#)

Address _____

City _____ State _____ Zip _____

Release of Information

I agree to the release of information from the United States Department of Labor and Industry (U.S.D.O.L) Division of Registered Apprenticeship, any training provider, my employer sponsor, and others involved in my training and employment to personnel working with Grand Rapids Community College and the Department of Labor for purposes of implementation of a federal grant, information that pertains to employment, training and education outcomes, credentials earned, services provided, employment status, dates worked, compensation, title, and other information necessary to verify training progression and completion of my registered apprenticeship program. My release information will expire 12/31/2021.

Date Applicant Signature

I authorize the Apprenticeship Department and Grand Rapids Community College to release my grades, current college transcripts, and attendance information to my employer or their representative on request and at the end of each semester for the purpose of assessing my related instruction performance. My release information will expire 12/31/2021.

Date Applicant Signature

Release of Image

I hereby consent that my name as well as any and all photographs and/or video films taken of me in a training, workplace, or education setting in regard to or as a result of training funded by the Department of Labor may be used by either Grand Rapids Community College and training institutions for the purposes of advertising and/or publication print including website entries and television commercials, without payment or any other consideration. In addition, I hereby irrevocably authorize all about organizations and institutions to edit, alter, copy exhibit, publish or distribute this photo and/or video for purposes of publicizing the U.S.D.O.L Grant Program or for any other lawful purpose. I also waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I understand and agree that these materials will become the property of the Grand Rapids Community College and the U.S.D.O.L and will not be returned. I hereby hold harmless and release and forever discharge the Grand Rapids Community College and all affiliated organizations and institutions from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age or over, I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Date Applicant Signature

Follow-up Agreement

Enrollment in a federally funded training program requires information to be provided to the Grand Rapids Community College before and after you complete your apprenticeship program (follow-up). Please sign below affirming you will cooperate with our requests for this information:

Date Applicant Signature

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