



Additional Information Form

Name: _____

Are there any issues you need accommodation for? Y/N

Emergency/Alternative Contact information

Name: _____ Number: _____

Can KL&S staff leave messages for you at this number if your primary number is unavailable? Y/N

Sharing Information

It may be necessary for us to contact outside agencies to help us serve your training needs better.

I, _____, give permission for KL&S staff to release
(Student's Name)

applicable information to:

_____ of _____.
(Contact Name) (Agency/Institution)

Our Privacy Policy: Kingston Literacy & Skills is committed to protecting the privacy of all individuals about or from whom we collect information.

I understand Kingston Literacy & Skills' privacy policy and procedures.

I appreciate the importance of privacy, and will respect that of others I encounter through Kingston Literacy & Skills.

Signature

Date

Photo/Video Release

I _____ (print) give permission to Kingston Literacy & Skills permission to use my image in good faith for the purpose of promotional materials and on social media sites such as facebook. _____ (signature)