



## WOW – Working On Wellness Consent Form

The Michigan Civil Service Commission's Employee Health & Wellness Program would like to recognize you in *WOW – Working On Wellness* for sharing your personal story. To publicly recognize you, we need your permission before sharing your name and personal information.

By consenting, you authorize us to share all or part of the personal testimonial that you have provided us.

I, \_\_\_\_\_, grant the State of Michigan consent and permission to use my name, picture, and testimonial related to *WOW - Working On Wellness* on:

- The State of Michigan's external and internal websites
- State of Michigan departmental, agency, and union newsletters and intranets

I understand that once my personal information is published at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs) (Employee Benefits - Health & Wellness) the State of Michigan will have no control over its subsequent use and disclosure.

I release the State of Michigan and the Michigan Civil Service Commission, Employee Benefits Division, and Employee Health & Wellness Program from all liability related to publishing the information I have provided.

My name, picture, likeness, and story will be used only for this specific project related to *WOW – Working On Wellness*, unless otherwise requested by the State of Michigan and expressly authorized by me. I understand that my story may undergo changes such as spelling and grammar corrections, shortening, and other edits before being shared.

Printed Name: \_\_\_\_\_

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

Department or Agency: \_\_\_\_\_

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

Please complete this form, sign and ID mail or fax it to:

ID Mailing Address:  
MCSC/ Employee Benefits Division  
Capitol Commons Center, 4<sup>th</sup> Fl

Fax: 517-373-3174  
MCSC/Employee Benefits Division  
ATT: WOW Team