



PATHWAYS OPT-OUT AGREEMENT

Please complete all sections of this form, sign and submit by either:

- DocuSign
- Email: pathways@goodwillsp.org

PART 1: OPT OUT OF THE PATHWAYS PROGRAM

I opt out of the Pathways program at this time.

PART 2: REASON FOR OPTING OUT (*OPTIONAL*)

PART 3: SIGNATURE

My signature confirms my decision to opt out of the Pathways program at this time. I understand that if I change my mind, I will need to complete and submit the required opt in documentation.

Name

Date

Location & Job Title

Signature