



Consent for Release of Information

Family Mentor Project

The Family Mentor Project is compiling pictures and videos of related stories to document the successful process of individuals moving from Residential Habilitation Centers (RHC), operated by the Developmental Disabilities Administration (DDA), or skilled nursing facilities into the community.

I/We, _____, hereby give permission to The Family Mentor Project to publish or otherwise use photos and/or videos of me, my family member, or client, in which I/we may be included in conjunction with my/our own names, or reproductions thereof, and through any media source for any lawful purpose whatsoever.

I/We waive any right that I/we may have to inspect and/or approve the finished product or the copy or quotations that may be used in connection therewith, or the use to which it may be applied.

INDIVIDUAL:

Printed Name: _____

LEGAL REPRESENTATIVE:

Printed Name: _____

Signed: _____

Address: _____

City: _____ State: _____ ZIP: _____

GUARDIAN:

Printed Name: _____

Signed: _____

Address: _____

City: _____ State: _____ ZIP: _____

DATE: _____