



Permission to Release Information Including Photographs, Videos, Electronic and Other Media

Consumer Name: _____

Date of Release: _____

What department and/or is the name of the person requesting the release?

- ILC MHPC OAHIO TC ILNC ILGR CE IE

Staff Member(s) Name: _____

Do you want copies of this information? Yes _____ No _____

Permission to Release:

I give permission to WNY Independent Living, Inc. (WNYIL) or any agency acting on its behalf, to release information about me. This may include photographs, videos, electronic or other media involving me.

- Yes No

The items may also be released to any radio, television, print or other media outlet.

- Yes No

The items may be used by WNYIL for other areas including public relations and marketing units, and by the media indefinitely for educational, promotional, public relations, or marketing purposes.

Revoking Permission: I understand that I can revoke this permission at any time by calling the entity who is utilizing the information and requesting these items be revoked from use and revoking your permission.

Release is Voluntary: I understand this permission is voluntary. I do not have to release my information and whatever I decide will not affect other services or programs being received.

Consumer Signature & Date: _____

Of Volunteer, Employee, Consumer or his/her Legally Authorized Representative (if he/she is a minor or unable to sign)

Staff Member's Signature & Date: _____

Date: _____