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askresource.org | transitioniowa.org

PLEASE FILL OUT THE TOP OR BOTTOM HALF OF THIS FORM. **BOTH SECTIONS ARE NOT NEEDED.**

MEDIA AUTHORIZATION and PHOTO RELEASE

For over 18

I grant full permission to use photos containing myself and/or my child for the ASK Resource Center website. I understand that this authorization is voluntary.

Photographs may be used for single or multiple purposes in any print publication or electronic media (including but not limited to brochures, promotional materials, videos, and websites) as approved by ASK Resource Center.

This release is valid for five years unless withdrawn or superseded in writing before that time. If you wish to revoke consent, please email erin@askresource.org with a signed statement.

Required Information:

Email _____

Phone Number _____

Printed Name _____

Signature _____

Date _____

For under 18 or over 18 if guardianship is in place

I grant full permission to use photos containing my child for the ASK Resource Center website for promotional purposes through ASK Resource Center. I understand that this authorization is voluntary.

Photographs may be used for single or multiple purposes in any print publication or electronic media (including but not limited to brochures, promotional materials, videos, and web sites) as approved by ASK Resource Center.

This authorization is valid for five years unless withdrawn or superseded in writing before that time. If you wish to revoke consent, please email erin@askresource.org with a signed statement.

Required Information:

Email _____

Phone Number _____

Printed Name _____

Signature _____

Date _____