# **Sample Story Release Form**

## **Your Rights**

Taking part in this interview, picture, or video is voluntary. Your participation is up to you. You do not have to agree to anything you are not comfortable with, and your decision (yes or no) will not affect your being able to receive services at [HEALTH CENTER].

You can stop the interview or video at any time. You do not have to give us a reason.

You have the right to take back your authorization. To take back your permission, write to [INSERT PERSON HERE].

## **Project Description**

We are asking you to let us [interview you, take a picture, film you] and share your story in our materials. During this interview, you may end up sharing personal information. We’re asking your permission to use and disclose the information you share to raise awareness and support the importance of [INSERT ISSUE HERE]. As part of this interview, we will:

[ ]  Take pictures

[ ]  Record audio

[ ]  Take video

## **How Can We Share Your Story?**

For what purposes are you comfortable with your story being shared? Check all that apply.

[ ]  Fundraising (to raise money/funds for our services)

[ ]  Outreach (to help other people learn and connect with services)

[ ]  Policy and advocacy (to advocate for laws and policies)

[ ]  Training (to help our staff and partners do their jobs better)

In what places are you OK with us sharing your story? Check all that apply.

[ ]  Print materials

[ ]  Online materials

[ ]  Social media

[ ]  Live events

Can we use your name?

[ ]  Yes

[ ]  No

Can we use your child/children’s name?

[ ]  Yes

[ ]  No

Do you have any other comments or concerns regarding how your story can be shared? Write them in the space below.

Click or tap here to enter text.

## **Signature**

By signing this form, you agree to let [HEALTH CENTER] use and share your information as described.

|  |  |
| --- | --- |
| Signature | Date |
| Printed Name | Date |
| Address |
| City | State | ZIP |
| Email | Phone |
|  |  |
| If the person signing is under 18, consent must be provided by a parent or guardian: |
|  |  |
| Parent/Guardian Signature | Date |
| Parent/Guardian Printed Name | Date |