



# PUBLICITY RELEASE

Consumer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Last 4 of SS #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I DO

I DO NOT

authorize the taking and publicizing of personal photographs and using my name in any accredited newspaper, magazine, brochure, or community relations projects for the express purpose of publicizing work being done by Futures Explored, Inc.

This release is valid until the next IPP Meeting. An updated authorization will be obtained on the date of the Individual Program Plan (IPP) meeting.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Or Legal Guardian/Conservator Signature

\_\_\_\_\_  
Date