

Media Release Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Catholic Charities

 Print Name

permission to use the following items for Catholic Charities brochures, posting online, and other promotional purposes.

(please initial all that apply):

|  |  |  |
| --- | --- | --- |
|   |  | to use any photograph or video taken of myself or my family. |
|  |  |  |
|   |  | **to use my/our name** when presenting any information about me/us given during an interview with a Catholic Charities representative. |
|  |  |  |
|   |  | **to without using my/our name** use any information about me/us given during an interview with a Catholic Charities representative. |

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Signature Date