



WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
OFFICE OF THE DEAF AND HARD OF HEARING (ODHH)

Authorization to Release Information and Photographs

Authorization for publishing information about:

Name Last	First	Middle	Date of Birth
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Mailing Address	City	State	Zip Code
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Email Address

Email Address

Organization or Affiliation Information is Being Released to:
WA State Department of Social and Health Services / Office of the Deaf and Hard of Hearing

Telephone Number (include area code) (360) 339-7382	Fax Number (include area code) (360) 902-0855	Email Address odhh@dshs.wa.gov
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Address PO BOX 45301	City OLYMPIA	State WA	Zip Code 98504-5301
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Reason for Release: to provide personal success stories and/or photographs for publications developed by the DSHS Office of the Deaf and Hard of Hearing.

Authorization for release:

I authorize the Washington State Department of Social and Health Services, Office of the Deaf and Hard of Hearing to publish information about my / my child's participation in ODHH programs, including personal stories being deaf, hard of hearing, deaf-blind, late deafened, speech-disabled or a service provider serving clients with a hearing loss. I also authorize the use of my/my child's photograph. I understand that information may be provided verbally or by mail, fax, hand delivery, videophone, or webpage.

I understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released. A copy of this form is valid to give my permission to release information and/or photos.

Name and address of community-based agency and contact person:

Agency Name	Contact Name
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Agency Address	City	State	Zip Code
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Authorizing Signature	Date Signed
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Print Name	Telephone Number (include area code)
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If I am not the person whose information is being released, I am authorized to sign because I am the:

- Parent
 Legal Guardian (attach court order)
 Community Based Agency
 Other: