

## Personal Information Release

I, (print name) \_\_\_\_\_, give the Economic Services Administration (ESA) permission to use my photo, video tape, and/or personal information about the services or support I receive/have received from ESA for marketing, public relations or outreach purposes. If relevant, information to be published may include:

- Type(s) of services received from ESA
- General family circumstances
- Employer
- Type of job

This information may be used by ESA for:

- ESA Annual Report (including intranet and internet availability)
- ESA marketing, publications and outreach (including the Division of Child Support and Community Services Division)
- Only the specific purpose of:

Other comments:

By signing below, I give my consent for use with no claim for payment, and I waive all rights of copyright or ownership in or to the resulting educational/informational materials to the resulting educational / informational materials, photographs, and recordings which relate to me.

SIGNATURE	DATE	TELEPHONE NUMBER (WITH AREA CODE)
GUARDIAN'S SIGNATURE	DATE	IF GUARDIAN, PLEASE PRINT NAME HERE