

526 W. 14th St., Suite 287

Traverse City, MI 49684

[www.uv4sor.org](http://www.uv4sor.org)

**Release of Information**

I hereby authorize UV4SOR to use or disclose my personal information within the scope of UV4SOR advocacy and fundraising in the following manners:

[ ]  communication, including but not limited to, letters and emails

[ ]  social media, including but not limited to, [www.uv4sor.org](http://www.uv4sor.org) website, Facebook, and Twitter

My consent is freely given as a public service to UV4SOR.org, without expecting payment. I am submitting:

[ ]  written personal experience identified only with first names, initials, or pseudonyms and may include the city, state, or facility name where one is incarcerated

[ ]  photograph/s of myself

[ ]  photograph/s of myself with others.

* *I will not submit any photograph depicting minors under the age of 18, weapons, or drugs.*
* Included is a signed Release of Information for each person in the photograph.

Briefly describe each photograph and the name of each person. This will help UV4SOR to file photographs and ROIs together.

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| 1. |  |  | 2. |  |
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| 3. |  |  | 4. |  |

I release UV4SOR and their respective officers and agents from all liability that may arise from the use of my personal information or photographs used in communication and social media. I hereby hold harmless and release and forever discharge UV4SOR from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I understand I can revoke this release at any time in writing and the use of any information authorized by this release will immediately cease. However, all actions taken place prior to such a withdrawal cannot be undone.

**Personal Information:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of POA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  POA can be provided, if requested

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| **Internal Use** |
|  [ ]  All information received |  ROI is revoked, date:  |  [ ]  Communication and/or picture included |