

TASC

Treatment Alternatives for Safe Communities

CONSENT FOR USE OF INFORMATION/ LIKENESS

I, _____, voluntarily agree to be interviewed and/or photographed by TASC, its representative(s), or representatives of the media for the purposes of:

(list media purpose and story topic)

I also agree that this information can be used for (check one -or- both):

potential inclusion in TASC public relations materials, including but not limited to: TASC newsletter, brochures, booklets, posters, and/or website.

potential inclusion in materials created by TASC, our partners or funders (for example the Illinois Department of Human Services or the Illinois Department of Corrections), that may be distributed nationally for purposes of public education and information about issues such as alcohol, tobacco, and drug prevention and treatment; mental illness; violence prevention; and other health and/or social concerns. These materials may include newsletters, brochures, booklets, posters, websites or any other lawful purpose whatsoever.

I hereby authorize the reproduction, duplication and/or distribution of such information and images according to the guidelines below.

TASC may use (check only one):

My image and my first and last name

My image and only my first name

My image, but not my name. A pseudonym may be used.

Information provided via interview only (no photographs)

This consent shall be limited to such quotes, press profiles, interviews, audiotapes, videotapes and photographs conducted on (date) _____. Should the information and/or images be published or distributed, this consent shall extend for the natural life of such a publication. I understand that I may revoke this consent, except to the extent that TASC has relied on it in the publication of informational materials.

I understand that information related to my participation with TASC is protected under Title 42 of the Code of Federal Regulations, Part 2, and that any images or information released pursuant to this consent remain subject to restrictions in federal and state law. I understand that any further disclosure for any purpose other than indicated above, without my written consent, will be in violation of my confidentiality rights.

Executed this date _____

(date)

By _____

(signature)

Print name: _____

Signature of Parent/Guardian if Subject is a Minor: _____