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# **PUBLIC RELATIONS AND INFORMATION SERVICES RELEASE**

I hereby give my consent to the Helen Keller National Center for Deaf-Blind Youths and Adults to use my name, and/or photograph/video in brochures, news releases, television, radio, magazines, newsletters, the HKNC website, social media outlets, videos, and other public education media.

In granting this consent, HKNC has assured me that any use of my name and/or photograph/video will be used in the best interests of Helen Keller National Center and in my best interests as well.

**NAME:**

Name of Applicant

**SIGNATURE:**

Signature of Applicant

**DATE:**

**OR**

**SIGNATURE:**

Signature of Parent

**DATE:**

**OR**

**SIGNATURE:**

Signature of Guardian

**DATE:**

# 04/01/2021 PLG Field Services Public Release / [S:\Reg Reps & Assistants\PLG Offered By Field Services](file:///%5C%5CHKNC-FS%5CShared%5CReg%20Reps%20%26%20Assistants%5CPLG%20Offered%20By%20Field%20Services)