

Authorization & Release of Personal Story and Photos

United Way of Story County (UWSC) receives requests for stories and photographs about people who have been impacted by our work. We hope you will consider giving us permission to share your experience.

Please check ONE option regarding Personal Story and Photo(s):

| ms checked are allowed to be used by UWSC in communications materials for public use: |
|---|
| The story and/or photo(s) may be used with real names. |
| The story and/or photo(s) may be used with names being changed. |
| t Required |
| ited Way of Story County often shares stories via campaign videos or in person at events/meetings. ou are interested in sharing "live" via video or in person, please check that here: |
| I am willing to tell my story on video to one or more audiences for UWSC. |
| I am willing to tell my story in person to one or more audiences for UWSC. |
| ereby authorize United Way of Story County (UWSC) to use and/or share the information checked above arding me and/or my child/children in all forms of media for advertising, trade and any other lawful poses. I understand that I will not receive payment and will have no right to view or approve before or after by have been used. |
| nt client and child/children name(s): |
| te: Client/Guardian Signature: |
| ency Name: |
| ency Contact Person: |
| ency Contact Person Email: Phone: Phone: |
| te: |