



## Iowa Department for the Blind Public Relations Release of Information

I, \_\_\_\_\_, **HEREBY AUTHORIZE THE IOWA DEPARTMENT FOR THE BLIND TO USE MY NAME, A PHOTOGRAPH, VIDEO OR AUDIO RECORDING OF MYSELF, ANY COMMENTS I PROVIDE, AND/OR INFORMATION ABOUT SERVICES I HAVE RECEIVED FROM THE DEPARTMENT, INCLUDING -- BUT NOT RESTRICTED TO -- EMPLOYMENT TRAINING SERVICES, INFORMATION ABOUT EMPLOYMENT I ACHIEVED AS A RESULT OF SERVICES, AND INDEPENDENT LIVING, TIME SPENT IN THE ORIENTATION CENTER OR LIBRARY SERVICES, FOR PUBLIC RELATIONS PURPOSES:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature of Legal Guardian if individual is under 18 years:**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**County**

**Thank you for affirming this request. It is our sincere pleasure to serve you.**