

**ARDC – Arrowhead Area Agency
on Aging Consent for Release of
Information for Public
Information Purposes**

I, _____,
(print name) being of legal age, give to the
Arrowhead Regional Development Commission
(ARDC), Arrowhead Area Agency on Aging
(AAAA), and its designees, the right to take and
use my photograph, information and name in
print and electronic communications, news,
promotional materials and the Web as follows:

**The photograph or information may be
shared with:**

(List any other agencies that also intend to use the photo)

I understand that I do not have the right to review and
approve the photograph or information prior to its
release. I also understand that I may revoke this
consent in writing at any time unless the information
has already been approved for printing. I also
understand that I will not get paid for the use of this
information. I give this consent voluntarily.

Released to whom: ARDC, AAAA, and its
designees.

For the purpose of: including in ARDC and
AAAA publications, displays, Web site and
promotional materials.

Signature

Date

Address

Phone number

Brief description of subjects of photograph or information:

