

RELEASE OF INFORMATION FORM

FOD FAMILY SUPPORT GROUP PUBLICATIONS

I, _____ (name of Family/Professional), give my permission to **Deb Lee Gould and the FOD Family Support Group** to publish my article, story, picture or any other information I would like to share with the Group and others in an online or printed format. I understand there will be no payment for my contribution (picture, article, etc.), and it will not be returned to me.

Date _____ Email _____

I acknowledge that [] I am over 18 yrs old
[] I am the legal guardian of _____

Name _____ (Signature of Family or Professional)

Address _____

Phone/Fax _____

**Description of contribution (i.e., article on MCAD, picture of SCAD son)

●●●Please mail/fax your **TYPED** contribution **AND** this Release of Information Form when you submit your article, story, etc. ~ contributions can also be emailed (word documents please, jpeg for pics). Please be sure to **SIGN** the Release Form before mailing or faxing.●●●

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