

RELEASE OF INFORMATION/PHOTO 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 reproduce and publish (in any manner or any medium) my article, story, picture (of myself, my children/family) or any other information I would like to share with the Group and others for awareness and promotional purposes. I understand there will be no payment for my contribution and it may not be returned to me.

Date _____ Email _____

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

Address _____

Phone and Fax _____

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

Signature _____ (Family or Professional - circle one)

●●●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.●●●

**Deb Lee Gould, MEd, Director
FOD Family Support Group
PO Box 54
Okemos, MI 48805-0054**

**Phone: 517.381.1940
Fax: 866.290.5206
deb@fodsupport.org
www.fodsupport.org**