

Visual Information Release Form – Adult

Completion of this form is voluntary. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

I, _____, do hereby grant permission to the Department of Children and Families (DCF) to utilize any photographs, video or other visual information of the above named for any lawful purpose without limitation or reservation.

In granting such permissions I understand and agree that:

- these materials will become the property of the Department of Children and Families and will not be returned;
- these materials may be used in commercial or non-commercial documents, websites, social media, et al.; and
- that I am waiving any claim to payments for use of such materials by the Department of Children and Families or its agents.

Address – Parent/s or Guardian's (Street, City, State, Zip Code)

Telephone Number – Parent/s or Guardian's

Signature - Parent/s or Guardian's

Date Signed

Printed Name - Parent/Guardian's