

**ANNE GRADY SERVICES RESPITE DEPARTMENT
AUTHORIZATION TO OBTAIN/RELEASE AUDIO-VISUAL INFORMATION**

_____ I authorize Anne Grady Services to make motion pictures, video tapes, photographs, audio tapes, photographs, audio tapes, or press releases involving _____. I also authorize the public use of this material as deemed appropriate by Anne Grady Services respite department for educational and promotional purposes.

_____ I **DO NOT** authorize Anne Grady Services to make motion pictures, video tapes, photographs, audio tapes, or press releases involving _____.

Guardian Signature

Date

SS-413