



Nebraska Department of Education

Information and Media Release

I give permission to the Assistive Technology Partnership to use my photograph, videotape, and personal information (including, but not limited to name, disability, needs, referral to ATP, services received, etc.) in marketing materials and presentations about their services in newsletters, brochures, display boards, powerpoint presentations, newspapers, radio, television, social media, websites, e-mail, etc.

I understand that the information will be made available to a variety of audiences, including organizations, potential consumers and the general public.

I am aware that people will be able to identify me from the photographs, video or information.

This release will remain in effect (please check)

_____ Indefinitely, unless I revoke my consent at anytime for any reason, by notifying the Assistive Technology Partnership in writing, atp@nebraska.gov

_____ One year from date listed below

I am at least 19 years old and I understand this release.

Address	City	State	Zip Code
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Home Phone	Cell Phone
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Name printed

Consumer signature	Date
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Signature of Parent/Guardian if individual above is younger than 19	Date
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