



Information Release Form

I give The Autism Project permission to use my child's, _____
(name of child)

(please check one)

_____ **name** (only first names will be used)

_____ **photo**

_____ **both**

in our newsletters, community awareness literature, scrapbooks and/or website. I understand that this information may be sent to client families and may also be shown to community members, corporations, or foundations as an example of our program for fundraising purposes.

My child's siblings, _____
(name of siblings)

(please check one)

_____ may

_____ may NOT

be named or pictured in the same capacity.

Signed,

(name)

(relationship to child)

(date)

I prefer to receive my copy of the newsletter and/or other information handed out
(please check one)

_____ by e-mail (please list e-mail address) _____

_____ in printed form (to be picked up at group)