friends
of Children of Walla Walla

Release of Information Form

I, _____(parent/guardian), authorize ***Friends*** to exchange information with the following individuals or agencies regarding my child, _____, in order to enable the ***Friends*** program to provide appropriate and effective services:

☐ School: WW School Dist./CP School Dist. ☐ Juvenile Justice Center / Police Dept.
☐ Dept. of Human Services ☐ Counselor: _____
☐ Dept. of Children & Family Services ☐ Other: _____

In addition, I authorize the following:

_____ (initial) I give my consent to the use of photographs, videotapes, DVD, film and recordings of me and/or my child for use by ***Friends*** for purposes of promotion, marketing and recruitment.

_____ (initial) In giving this consent, I release ***Friends***, its officers, directors, agents, employees and assigns from any liability for any violation of any personal property rights which I might have in connection with such materials and waive any right to approve accompanying written or narrative material.

_____ (initial) I affirm that I am 18 years of age or older and have the right to enter into this agreement by signing below.

Confirmed and agreed to: _____ _____
Signature of Parent/Guardian Date

_____
Printed Name

_____ _____
Witness Date

120 E. Birch Street #10 • P.O. Box 2444 • Walla Walla, WA 99362 • Phone: (509) 527-4745
FAX: (509) 525-2105 • www.wallawallafriends.org • A non-profit 501(c)(3) organization EIN 71-0886777