



Part I. Name and Address of Individual. Fields for Email, Last/First/MI, Last 4 digits of Social Security Number, Address, Date of Birth, and Phone Number.

Part II. Authorization for Use and Disclosure of Information, Including Protected Clinical Information. Includes text for authorization, checkboxes for information types, and a note about compensation.

1) I understand that I will not receive any payment or compensation for the use or disclosure of any photographs or likenesses of me or the use or disclosure of any other information about me for the publication purposes I have authorized in this document.

Part III. Signature, Date and Duration of Authorization/Consent. Fields for Signature of Individual or Representative, Date, Print name of Individual or Representative, and Representative's relationship to Individual.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION This information is being requested pursuant to Mental Hygiene Law §13.15 for the purpose of promoting programs and services for the benefit of individuals with developmental disabilities.

A copy of this signed form shall be provided to the Individual or Representative.