



## Transition to Independence Program Media Release Form

By signing and checking the designated boxes below I,  
\_\_\_\_\_, authorize TIP to use the provided  
information for media purposes.

- I authorize TIP to photograph and to publish any photographs taken of me.
- I do not wish to be photographed.
- I authorize TIP to contact me for print media purposes such as testimonials, interviews, and quotes.
- I do not wish to be contacted for print media purposes.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

Please initial below.

\_\_\_\_\_ I understand this release can be revoked at any time.

\_\_\_\_\_ I understand this release will expire 2 years from the date written above.