

## Authorization for the Release and Exchange of Information

ABLED is required to obtain certain information to protect their information and safeguard them from	
I (guardian) consent ABLED to provide services to that refusal to give written consent for the release termination.	(participant). I understand
Furthermore, I consent to allowing the use of phot and internal public information activities (newslet social media, abledinc.com, etc.). All public information that is relevant to the sto (guardian) for verbal approval.	ter, news release to public media, videotapes, mation activities focus on achievements and
Participation in public information activities is opto ABLED to use photographs and personal information activities EXCEPT those listed below	tion reasonably and discreetly in public
This authorization for release of information will rebelow. I may withdraw or withhold my consent at a	·
Participant:	Date:
Legal Guardian: (If applicable)	Date:
ABLED, Inc. Representative:	Date: