

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF SERVICES FOR BLIND PERSONS
EDWARD F. RODGERS II

MIKE ZIMMER DIRECTOR

RICK SNYDER GOVERNOR

## Release Form Bureau of Services for Blind Persons

DIRECTOR

I authorize the Bureau of Services for Blind Persons to record my image and voice and to use these recordings for educational and publicity purposes. I also authorize the Bureau of Services for Blind Persons to publish my name and my rehabilitation success story and to provide this information to other organizations including media organizations.

Printed name:	<del></del>				
Telephone:		E-mail:			
Mailing Address:					
-		<del>-</del>	·····		
Signature:		Dat	Date:		
If under age	18, signature of p	parent/guardian is r	required below:		
Signature of parent/guardian:			•	_	
Printed name of parent/guardian:					
(form letterhead revised Fel	oruary 28, 2011)				