

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I,	, nereby authorize Aging, Disability & Transit
Services of Rockingham County (ADTS) to use, repr	roduce, and/or publish photographs and/or video
that may pertain to me-including my image, likenes	
that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also	
may only be withdrawn by my specific rescission of t	
publish materials, use my name, photograph, and/or	•
deems appropriate in order to promote/publicize service opportunities.	
Description of Material (Photos/Audio-Visual):	
	_ Signature
Date	