Ohio | Department of Alcohol & Drug Addiction Services

John R. Kasich, Governor
Mary Taylor, Lieutenant Governor
Orman Hall, Director

Name/Photo/Video Consent and Release Form

DATE _____

NAME _____

ADDRESS _____

_____

FOR AN ADULT:

I, _____, do grant permission for my photo, image, video, and/or name to be used in a publication or on the internet on behalf of the Ohio Department of Alcohol and Drug Addiction Services for the purposes of public education.

FOR A MINOR:

I, _____, do grant permission for the use of the photo, image,
(insert parent/guardian name)

video, and/or name of my child/ward _____
(insert child/ward's name)

to be used in a publication or on the internet on behalf of the Ohio Department of Alcohol and Drug Addiction Services for the purposes of public education.

_____ _____
Signature Date

Please fax completed form to (614) 728-4936.

280 North High Street, 12th Floor
Columbus, Ohio 43215-2550
Main 614-466-3445

FAX 614-728-4936
800-788-7254 Treatment and Recovery Hotline
www.odadas.ohio.gov

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