*This material will be used to inform, educate, fundraise, celebrate, and share updates with the public about Valley Educational Associates.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) (position) from Valley Educational Associates requests your permission for the use of the following material:

 Video Artwork Print Media Photograph Other (Describe)

Description of material:

To be used for:

 **Printed Media** (presentations, brochures, mailing for art shows, etc.)

 \*Specify type and distribution:

 (Eg: Photo in VEA brochure, 500 copies printed to go to interested parties in Pioneer Valley)

 **Email** (Specific targeted receivers, includes MailChimp)

 \*Specify type and distribution:

 (Eg: Quote regarding job at volunteer site sent to 350 VEA subscribers)

 **Web based** (Facebook, Twitter, Instagram, LinkedIn, VEA Website ([www.valleyeducational.org](http://www.valleyeducational.org))

 Web based postings are enduring and can be viewed by anyone worldwide.

\*Specify type and distribution:

**Other** (Eg. Multi-media presentation, etc. Be sure to be very detailed-if applicable; include the amount of product/length of time used etc.)

 \*Specify type:

Please list any restrictions you may have on the use of this material:

**Statement of Consent & Option to Opt-Out**

* I understand that I may refuse to sign or may revoke (at any time) this authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of the agency’s treatment of me. I understand that I may provide a written notice of revocation to the Marketing Director at the address listed below. The revocation will be effective immediately upon the agency’s receipt of my written notice. The revocation however, will not have any effect on any action taken by the agency on the authorization before it received my written notice of revocation.
* I understand if I revoke privileges that it takes place going forward and cannot be applied retroactively to past distributed materials.
* I understand that the agency may, directly or indirectly, receive remuneration from a third party. (For example, a person’s name may appear in a newsletter which results in a reader giving a donation to VEA.) HIPPA regulations consider a person’s name and connection to VEA protected health information.
* I may contact the Valley Educational Associates by mail to Marketing Director, PO Box 46, Hatfield, MA 01038, by telephone at 413.349.4120 or by email at ducheneyVEA@yahoo.com

I have read and understand the terms of this authorization. I have had an opportunity to ask questions about the use and disclosure of my information. By my signature below, I hereby, knowingly and voluntarily, authorize the agency to use and/or disclose my information in the manner described above.

Signature of Individual/Guardian Date

Printed Name of Individual Date