



# Safe Schools Coalition

## Publication and Website Photo and Information Release Form

Before sharing a name, information and/or photograph in one of our publications or on our website, Safe Schools Coalition needs a signed release form from all adults and from the parent or legal guardian of any youth under 18. Please complete both sides of the release form below and give it to a Safe Schools Coalition representative, or mail it to us at: Safe Schools Coalition; MS: NTH-PH-0100; 10501 Meridian Ave N, Seattle, WA 98133.

I, \_\_\_\_\_ [print name] being over 18 years of age,

OR I, parent or guardian of \_\_\_\_\_ [print name] hereby grant Safe Schools Coalition (hereinafter called SSC) the right to use the information described below, without compensation, on the SSC website and in any SSC publication or written material. Please initial beside information you release for use by SSC.

\_\_\_\_\_ my [or my child's] name, nick-name, initial [s], preferred name:

(please specify: \_\_\_\_\_ )

\_\_\_\_\_ my [or my child's] photograph [s]

\_\_\_\_\_ my [or my child's] personal story or information about my work with the Safe Schools Coalition

\_\_\_\_\_ information about me [or my child] including my city, state and country

\_\_\_\_\_ letters and/or emails I [or my child] have sent to SSC

\_\_\_\_\_ other: \_\_\_\_\_

Describe me this way [use 15 words or less] (For example: "lesbian mother of three and school nurse" or "14 year old, 9<sup>th</sup> grader, soccer player and math lover whose uncle is gay" or "transgender student, age 17, who was teased starting in kindergarten"):

---

---

I understand that SSC will use my information, my submitted text and my likeness only for educational, informational and/or promotional purposes. I hereby agree to hold SSC, its licensees and affiliates harmless from any liability resulting from my statements and action depicted or described in the information, text and graphic representations.

---

Name of the person this release is for (print)

---

Signature of the person this release is for

---

Telephone number

---

Address

---

Email address (optional)

/ /  
Date

MINOR YOUTH SECTION (if this release is for a person under 18 years old)

---

Name of parent or legal guardian

---

Signature of parent or legal guardian

---

Telephone number (if different from the above)

---

Address (if different from the above)

---

Email address [if different from the above] (optional)

/ /  
Date

Return this form to:  
Safe Schools Coalition  
MS: NTH-PH-0100  
10501 Meridian Ave N  
Seattle, WA 98133

Thank You!

The Safe Schools Coalition is an international public-private partnership in support of gay, lesbian, bisexual and transgender youth is to help schools - at home and all over the world - become safe places where every family can belong, where every educator can teach, and where every child can learn, regardless of gender identity or sexual orientation.