

Employee Media Release Consent Form

Employee Information

Full Name

Job Title

Email

Phone Number

Consent

I hereby authorize the nonprofit organization to use my name, photograph, video, likeness, and/or statements for use in media, promotional, and informational materials produced by or for the organization. I acknowledge these materials may be used in print, online, or other media.

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I agree to the terms above

Optional Restrictions or Comments

Signature

Signature

Date