

**RELEASE OF INFORMATION FORM**

**FOD FAMILY SUPPORT GROUP PUBLICATIONS**

I, \_\_\_\_\_ (name of Family/Professional), give my permission to **Deb Lee Gould and the FOD Family Support Group** to publish my article, story, picture or any other information I would like to share with the Group and others in an online or printed format. I understand there will be no payment for my contribution (picture, article, etc.), and it will not be returned to me.

Date \_\_\_\_\_ Email \_\_\_\_\_

I acknowledge that [  ] I am over 18 yrs old  
[  ] I am the legal guardian of \_\_\_\_\_

Name \_\_\_\_\_ (Signature of Family or Professional)

Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_

**\*\*Description of contribution** (i.e., article on MCAD, picture of SCAD son)

\_\_\_\_\_

**●●●Please mail/fax your TYPED contribution AND this Release of Information Form when you submit your article, story, etc. ~ contributions can also be emailed (word documents please, jpeg for pics). Please be sure to SIGN the Release Form before mailing or faxing.●●●**

**Deb Lee Gould, MEd, Director  
FOD Family Support Group  
PO Box 54  
Okemos, MI 48805**

**Phone: 517-381-1940  
Fax: 866-290-5206  
[deb@fodsupport.org](mailto:deb@fodsupport.org)  
[www.fodsupport.org](http://www.fodsupport.org)  
[backup email [fodgroup@gmail.com](mailto:fodgroup@gmail.com)]**