



MEDIA RELEASE FORM

Instructions: Please share the form below for storytellers to sign prior to disseminating their stories across digital, media, or social platforms.

I, _____, authorize **[insert name]**, to use my stories, images, photo(s), and/or video(s) as part of its work to advocate for guaranteed income. This includes, but is not limited to, social media, website purposes, email, exhibits, news and presentations. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Full Name:

Participant Signature:

Date:
