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Missouri Department of Elementary and Secondary Education  
— *Missouri public schools: the best choice ... the best results!* —

**PUBLICITY RELEASE FORM**

I hereby grant permission to Missouri Vocational Rehabilitation to use my name, my picture and information about me regarding my participation in the vocational rehabilitation program for any or all of the following: newspaper articles, brochures, flyers, billboards, posters, electronic transmissions, internet publishing, audio and/or video recordings, public service announcements and other releases of information to the public. I understand that signing this form is completely voluntary and has no bearing on my vocational rehabilitation services.

\_\_\_\_\_  
Client or Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date