



## **Guidelines for Using the Media Consent Form** **The Arc of the Capital Area**

1. According to The Arc of the Capital Area's confidentiality policy, "Information pertaining to an individual or family obtained by The Arc of the Capital Area for a particular purpose may not be used or made available for another purpose without consent of that individual or family."
2. In keeping with this policy, prior to use of a person's name, likeness, or written or spoken comments in agency materials, the agency must obtain written permission via the Media Consent Form.
3. All Arc of the Capital Area employees and volunteers will be given the opportunity to sign the Media Consent Form during their initial orientation to the agency.
4. The signer may revoke it in writing at any time, except to the extent that the agency has already taken action based on the original permission.
5. The Arc of the Capital Area's Volunteer Coordinator will maintain all signed Media Consent Forms on file.



**Media Consent Form**  
**The Arc of the Capital Area**

I hereby grant permission for The Arc of the Capital Area to use my:

- Full name
- Photo / Video
- Written comments
- Spoken comments

in informational, promotional, development, and fundraising materials to promote quality programs and community awareness for persons with disabilities. These materials may include, but are not limited to, newsletters, award nominations, promotional videos, program reports, training documents, volunteer recruitment information, grant proposals, and press releases.

I understand that this consent can be revoked by me at any time except to the extent that The Arc of the Capital Area has already taken actions in reliance on my consent. To effectively revoke this consent, I agree to provide a written statement to The Arc of the Capital Area, 4902 Grover Avenue, Austin, TX 78756, indicating my intent to revoke this consent.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If signing on behalf of family members, please list each individual's name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please return form to the Volunteer Coordinator, The Arc of the Capital Area)