

## Permission to Disclose Information

### Parent/Guardian

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**To be Completed by Chapter Leader Board or Community Service Team Contact**


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 Name of chapter leader board or community service team member
 

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Address	City	State	ZIP code
Phone number	E-mail address		

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***Complete this form for any service team activities in which recipient information will be used in publicity materials. Store the completed form with other chapter documents and retain for seven years.***

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**To be Completed by Recipient**


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 Name of Minor Child or Incompetent ("the Recipient")
 

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As the parent, guardian or other legal representative of the Recipient listed above, I give permission to Thrivent Financial for Lutherans and the \_\_\_\_\_

Chapter of Thrivent Financial for Lutherans to use, publicly disclose and publish the name, photograph, medical condition and other information about the Recipient that I or other person(s) acting on behalf of the Recipient have provided to chapter members. I agree that this information may be used, publicly disclosed and published for the purposes of planning, conducting, advertising and communicating the results of a hands-on work service activity or a fund-raising activity for the benefit of the Recipient.

This information about the Recipient may be publicly disclosed by any means, including on the Internet.

I also agree that other chapters of Thrivent Financial for Lutherans that assist in fund-raising activities for the benefit of the Recipient may also use and publicly disclose and publish this information for the same purposes as listed above.

Signature of parent, guardian or other legal representative of Recipient	Date		
Name (please print)	Relationship to Recipient		
Address	City	State	ZIP code

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**Please return this form to the chapter leader board or community service team member shown above.**