

Permission to Disclose Information

Parent/Guardian

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

Name of chapter leader board or community service team member

Nancy George, Financial Director

Address

819 18th Avenue SW #3

City

Albany

State

OR

ZIP code

97321 22

Phone number

541-791-1284

E-mail address

dgrinden@msn.com

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.

To be Completed by Recipient

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

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

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

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