



4321 N. Ballard Road, Appleton, WI 54919-0001
 800-THRIVENT (800-847-4836) • www.thrivent.com

Permission to Disclose Information
Parent / Guardian

Please complete this form for any service team activities in which recipient information will be used in publicity materials.

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 _____ 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 |