

**Permission to Disclose Information  
Regular**

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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

Address	City	State	ZIP code
Phone number	E-mail address		

***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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I give permission to Thrivent Financial for Lutherans and the \_\_\_\_\_  
Chapter of Thrivent Financial for Lutherans to use, publicly disclose and publish my name, photograph, medical condition and other information about me that I or other person(s) acting on my behalf 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 service activity or fund raising activity for my benefit.

This information about me may be publicly disclosed and published 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 my benefit may also use, publicly disclose and publish this information about me for the same purposes as listed above.

Signature	Date
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Name (please print)

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.**