



Arizona Department of Housing
INFORMATION FORM

Date _____

The Arizona Department of Housing accepts photographs of ADOH-funded projects and the constituents utilizing those projects to be reprinted in their quarterly newsletter, *HOUSING MATTERS* as well as for use in marketing material, which may include product brochures or the ADOH Annual Report. Use of these photographs requires that we have a permission consent on file (*see second page*).

DATE PHOTOS SENT _____

DATE PHOTOS TAKEN _____

NUMBER OF PHOTOS SENT _____

We have allowed room for a BRIEF DESCRIPTION OF the PHOTO CONTENTS. If additional room is required, you may attach a separate sheet of paper.

NAMES OF PERSON(S) IN PHOTO (*if applicable*)

Your Name _____ **Title** _____

Organization _____

Street Address _____

City, State, Zip _____ **Phone** _____

Please return the completed forms to:

Cynthia Diggelmann | cynthia.diggelmann@azhousing.gov
(602) 771-1016



Arizona Department of Housing
RELEASE FORM

Date _____

The undersigned hereby irrevocably consents to and authorizes the use by the Arizona Department of Housing ("ADOH"), its officers and employees, of the undersigned's image, correspondence directed to ADOH, voice and/or likeness as follows: ADOH shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the undersigned's image, correspondence directed to ADOH, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed, as long as there is no intent to use the image, correspondence directed to ADOH, voice and/or likeness in a disparaging manner. ADOH or any department, agency, commission or board of the State of Arizona may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, governmental, commercial or nonprofit. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent ADOH in its promotional and advertising materials as described above.

Please indicate your agreement to the foregoing by signing below.

Signature _____
Date

Print Name

Address:

Street City State ZIP

If you are under eighteen (18) years of age, your parent or guardian must sign below:

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity ADOH has my consent and authorization to use the name, voice and/or likeness as described above.

Parent/Guardian:

Signature _____
Date

Print Name