



Long Island Housing Services, Inc.

640 Johnson Avenue, Suite 8, Bohemia, NY 11716-2624

631-567-5111 * LIFairHousing.org

File No: _____

Success Story Publicity Release

Date: _____

You can help other people facing similar circumstances. What advice or information would you share? What would you say to our funders, or to elected officials about the importance of our services? (Attach additional pages if necessary):

Authorization and Release Information

I understand that my statement along with the facts of my matter concerning the assistance provided to me by Long Island Housing Services, Inc. ("LIHS") may be used in connection with publicizing and promoting the agency. By writing my initials, I authorize LIHS to use my information in the following form:

_____ **Full name** _____ **First Name only** _____ **Initials only** _____ **Anonymously**

In addition, LIHS may use my: _____ **Quote** _____ **Photo** _____ **Video**

I hereby irrevocably authorize LIHS to copy, exhibit, edit, publish, or distribute the statement for purposes of publicizing LIHS' programs or for any other lawful purpose. I agree that I will make no monetary or other claim against LIHS for the use of the statement. I waive any right to inspect or approve the finished product, including written copy, wherein the materials are used. LIHS still will not release my street address, email or phone number, unless required to do so by law.

I hereby release and hold harmless LIHS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: _____

Signature: _____

Address: _____

Email: _____ Telephone: _____