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 **FAIM Program**

 **Release of Information**

**Consent to Share My FAIM Story**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to the following to utilize my story and likeness in promotion and support of the Family Assets for Independence in Minnesota (FAIM) Program and Individual Development Accounts (IDAs):

* Local FAIM Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Statewide FAIM Program
* Individual Development Account (IDA) Programs

This consent may include utilizing my narrative and/or pictures of me/my family in print, on websites/social media in promotion of FAIM and in funding requests. This release is effective for seven (7) years from the date of my signature below. I understand that I may withdraw consent at any time by contacting the local FAIM agency listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FAIM Participant Physical Signature Date

FAIM Coach Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FAIM Local Coach Physical Signature Date

\*Include FAIM story and photo with this release and email to FAIM Administrator.