



AND

THE BLACK POSTER PROJECT

CONSENT FORM

I understand that the photo and information that I provide of my loved one for The Black Poster Project will be used in public displays solely or in conjunction with Alumni in Recovery which may be related to the mission to raise awareness about the disease of addiction and provide education to students and to the community. As such, my loved one's photo may also appear in event coverage in social media, news coverage, publications, and other media. I hereby give permission to The Black Poster Project and Alumni in Recovery for the use of the photo and the information about my loved one that I have provided.

SECTION ONE: INFORMATION FOR LOST LOVED ONE:	
FIRST/LAST NAMES:	
BIRTH/DEATH DATES:	
STATE LOVED ONE FROM:	
IF SERVED IN MILITARY, BRANCH OF SERVICE:	
SECTION TWO: PERSON REQUESTING POSTER:	
NAME:	
RELATIONSHIP TO LOST LOVED ONE:	
<i>MUST BE NEXT OF KIN OR HAVE PROOF OF CONSENT FROM NEXT OF KIN</i>	
SECTION THREE: CHOOSE A METHOD OF CONTACT:	
EMAIL:	
CELL PHONE:	
FACEBOOK/MESSENGER AS:	
DATE _____ SIGNATURE _____	

Return form & picture to Dee Gillen
 Email: theblackposterproject@gmail.com
 Text/Cell: 201.906.9055

Questions for Alumni in Recovery
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