

2011-2012
Surface Creek Vision HCP
Release of Information

I, _____, hereby give my permission for the Surface Creek Vision HCP to release any pertinent information* about me . . .

For the purpose of:

- Documenting the Vision HCP program: writers, photographers, grants, the Vision HCP portfolio, the Vision HCP documentary video, etc.
- Networking with Vision HCP participants who want to meet with me or get a reference for Educators, programs, etc.
- I am willing to: (please check all appropriate boxes below)
- Talk to potential Vision participants who would like more information.
- Talk to mentors or Educators.
- Give information to other Vision schools with programs to offer.
- Talk to members of the community interested in the program.

*Pertinent information may include the information listed below. Please check each box below indicating which information you are authorizing the Vision HCP to release for the purposes checked above.

- My name
- Phone Number
- Mailing Address
- E-mail Address
- Samples of my work

RCs will keep information received from a Learner or family confidential unless: (1) it is information the RC is required by law to share, or (2) the RC feels it is in the best interest of the Learner or family for the RC to seek counsel and share needed information with other Vision HCP staff or RCs in order to gain their advice and support. All such parties will keep any information shared confidential.

Learner Name

Parent/Guardian Signature

Date