



Family Trauma Advocacy Program
Release of Photo and Information

Please complete and email back to ftaprogram@comcast.net (Please type "Release of Photo and Information" and name in the subject line) or print and mail to:

Family Trauma Advocacy Program
P.O. Box 7025
Romeoville, IL 60446

I give the Family Trauma Advocacy Program my consent to use my loved one's photo and information for the Reflection Wall, Remembrance Wall (on-line or display board), Remembrance Quilt and/or Newsletter (poem/story).

Name: _____

Loved One's Name: _____

Relationship to Loved One: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail address: _____

Signature

Date