



Release of Information

Explorer:

I _____ as a member of the Santa Rosa County Explorer Post have the right to select one of the following options for release of information.

Check only one of the options below:

- 1. Do not release my name and/or photograph.
- 2. Release my name and photograph which may be published and used by the Explorer Post and/or Sheriff's Office for events, website, news media releases, awards, promotions, annual reports and other Explorer Post and/or Sheriff's Office related activities and/or publications.

_____ Date: _____
Signature

** If the Explorer is under the age of 18, a parent or legal guardian must sign this form for it to be valid. **

_____ Date: _____
Parental Permission (Signature)

** The Release of Information form will stay in effect until you rescind the release in writing.

<u>Official Use Only</u>	
Received by: _____	Date: _____