Department of Veterans Affairs

DEPARTMENT OF VETERANS AFFAIRS

CONSENT FOR USE OF PICTURE AND/OR VOICE

CONSENT OF *(Name)*

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the 'Routine Uses' in the "VA Privacy Act Systems of Records" published in the Federal Register. A copy of the 'Routine Uses' is available upon request to the administrative office of the VA facility involved.

You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me *(or of the above-name individual if the individual is legally unable to give consent)* by *(specify the name of the VA facility, newspaper, magazine, television*

While I am *(describe the activity, if any to be photographed or recorded)*

I authorize disclosure of the picture and/or voice recording to *(specify name and address of the organization, agency, or individual(s) to whom the release is to be made)*

U.S. Department of Veteran Affairs
Center for Veterans Enterprise (00VE)
810 Vermont Avenue, N.W.
Washington, D.C. 20420

I understand that the said picture(s) and/or voice recordings) is intended for the following purpose(s)

The pictures will be input into a Trail Blazers poster, posted on our website VETBIZ.gov and handed out to Contracting Officers upon request.

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United

U.S. Department of Veterans Affairs
Center for Veteran Enterprise

(SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON) (DATE)

INTERVIEW AND PERMISSION OBTAINED BY *(Name - title - address)*

(SIGNATURE OF INTERVIEWER) (DATE)

PRODUCTION TITLE

PRODUCTION NO.

IMPORTANT: This form must always be completed prior to the making or using pictures and ½ or voice recording(s) of any individual. If that individual has any history of drug abuse, alcoholism or sickle cell anemia or injection with the human intmunodeficiency virus, an additional VA Form 10-5345 is required prior to the release of any data to any source.

IMPRINT PATIENT PLATE OR WRITE IN INDIVIDUAL'S NAME & ADDRESS