

MEDIA AND NEWS RELEASE QUESTIONNAIRE - Page 2

15. IF YOU MARKED "YES" TO A NEWS RELEASE IN QUESTION 14, PLEASE PROVIDE THE FOLLOWING INFORMATION.

REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION: I REQUEST AND AUTHORIZE THE DEPARTMENT OF VETERANS AFFAIRS TO RELEASE THE HEALTH INFORMATION CONTAINED ON THIS FORM FOR VA MEDIA PURPOSES.

(See questions 4, 7, 10 and 12.)

I GIVE MY PERMISSION FOR MY PHONE NUMBER TO BE INCLUDED IN MY NEWS RELEASE POSTED ON THE CLINIC'S WEBSITE

I DO NOT WANT MY PHONE NUMBER LISTED ON MY NEWS RELEASE

16. YOUR QUOTE: HOW DO YOU FEEL ABOUT THIS EVENT, WHY IS IT BENEFICIAL, AND WHAT WOULD YOU TELL OTHER VETERANS ABOUT IT? *(Quotes are used for newsletter stories, participant profiles, speeches, and other public relations activities.)*

SIGNATURE *(You must sign here so we can comply with your wishes)*

DATE SIGNED