



## Authorization to Record and Use Multimedia Content

I (We) hereby voluntarily grant \_\_\_\_\_  
name(s) and title(s) or role(s)

permission to record and use the type \_\_\_\_\_  
of content specified below featuring \_\_\_\_\_  
name(s) - myself, ourselves, minor or ward

Check all that apply:

Photos    
 Video    
 Interview    
 Other (please specify):

for the specific purpose of:

I (We) understand that the content specified above will be used solely for this purpose.

I (We) understand that the content will be used without compensation and will become the property of the Iowa Department of Human Services.

Signature(s) of those giving authorization	
Printed name(s) of those giving authorization	Date
Relationship(s) to person or persons being recorded	Contact info (phone or email)
Printed name(s) of person(s) taking or recording content	Date
Employer and title(s) or role(s)	Contact info (phone or email)