



I, \_\_\_\_\_, give permission to Goodwill Columbus to use my name, picture, and recordings in any form of media, like photos, videos, websites, and more. This can be done anytime during or after my time with Goodwill Columbus for their business purposes.

I understand that Goodwill Columbus might use this information to:

- Promote their services and programs.
- Create and share materials like brochures, newsletters, websites, and social media posts.

I know that I can choose not to give this permission or take it back anytime by writing to Goodwill Columbus. I also understand that:

- Once shared, the information might not be protected by HIPAA and could be shared again by others.
- I have the right to get a copy of this permission form.
- I don't have to sign this form to receive services from Goodwill Columbus.

By signing below, I confirm that I have read and understood this permission form and agree to its terms.

**Print Individual Name**

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**Circle Relationship with Goodwill**    Individual Served    Volunteer    Employee    Other

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**Signature**

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**Print Guardian Name (if applicable)**

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**Guardian Signature (if applicable)**

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