

# Authorization and Release

The undersigned, without compensation, hereby authorizes the CommUNITY Adult Mental Initiative (CAMHI) to publish writings and/or personal information on their website at [www.MNMentalHealth.org](http://www.MNMentalHealth.org). I hereby release them from any liability arising out of the use of my story and/or personal information.

Full name of Adult or Minor Subject: \_\_\_\_\_ Age: \_\_\_\_\_

## CommUNITY Project may publish/use (check all that apply):

My age: \_\_\_\_\_ My first name: \_\_\_\_\_

My city: \_\_\_\_\_ My county: \_\_\_\_\_

Please change my name and all identifying information: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Project Description: CAMHI serves Benton, Sherburne, Stearns and Wright counties. MNMentalHealth.org is a site for mental health resources in Central Minnesota. Your story may be used in whole or edited into a short, concise version. Your story and/or personal information may be removed from our site at any time. If you would like your story and/or personal information removed, please contact CAMHI at 320-968-5277 or [camhi@co.benton.mn.us](mailto:camhi@co.benton.mn.us).