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.MN MentalHealth.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.