



## Media Release Form

In order to showcase your achievements and share with his constituents the different activities organized by his office, Rep. Reichert seeks your permission to share your name and/or any photos taken of you by his staff on his website, social media, or with the press if the occasion arises. If this is acceptable, please fill out the form below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Twitter Handle (optional): \_\_\_\_\_

I, \_\_\_\_\_, give permission for Rep. Reichert and his staff to use my name and/or picture in the ways stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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