



**Agency of Human Services  
Department of Disabilities, Aging and Independent Living  
Authorization to Release Personal Testimonial**

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I hereby acknowledge that I am more than 18 (eighteen) years of age and have the right to contract in my own name, or if under 18 have the permission of a parent or legal guardian. I have read the foregoing and fully understand the meaning and effect thereof and intend to be legally bound by this Authorization and Release. This Authorization and Release shall be binding upon me and my heirs, legal representatives, and assigns.

Name (printed): \_\_\_\_\_

Name (signed): \_\_\_\_\_

Address: City/State/Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

If minor, signature of parent/guardian: \_\_\_\_\_