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MEDIA CONSENT FORM

I, _____, give the Delaware Health Information Network (DHIN) permission to use testimonials/photographs of me gathered on _____.

I understand that by signing this form, I authorize the Delaware Health Information Network to use my testimonials/photographs in more than one publication or campaign. The Delaware Health Information Network may use my testimonials/photographs for displays, brochures, newsletters, publicity, and other related purposes.

SIGNATURE

DATE

PARENT/GUARDIAN'S SIGNATURE
(If under age 18)

DATE