



# Title VI Archive

## Photo / Video Release Form

### Purpose

The Title VI Archive is a collection of photos and videos that provide a visual representation of the Title VI program, which is administered by the Office for American Indian, Alaskan Native, and Native Hawaiian Programs (OAIANNHP), within the Administration for Community Living (ACL). Without signed releases, images cannot be included in the archive.

### Instructions

If only submitting photos/videos of Title VI facilities, grounds, or vehicles, then only one form needs to be completed by the Title VI Director or other authorized representative for the location/property. However, a separate release form must be completed and submitted if there is more than one location or the photo(s)/video(s) were taken on different dates. Also, if people are present in the photo(s)/video(s), then each person must provide their full name, date, and signature in one of the boxes provided below. Please send this completed form, along with your photo(s)/video(s), including any helpful details/descriptions, to: [titleviarchive@acl.hhs.gov](mailto:titleviarchive@acl.hhs.gov).

### Release Form

*I agree to allow the Administration for Community Living (ACL), its representatives and employees to use the submitted photograph(s) and/or video(s) of me and/or the below-identified location/property. I authorize ACL to use and publish the same in print and/or by electronic means, with or without my name and for any lawful purpose, including publicity, illustration, advertising, and Web content.*

Location:

*(i.e. name of building, street address, or property description)*

Date:

*(of photo(s) / video(s))*

#### Title VI Director

*(or other authorized representative for the location / property)*

Full Name:

Date:

Signature:

#### Person in Photo / Video

*(if applicable—see next page for additional signature boxes)*

Full Name:

Date:

Signature:

*Check this box if signing as parent or guardian (under 18)*

# Additional Signature Boxes

If needed, please use the additional signature boxes below. If you require more boxes, then you can fill out an extra form or forms and include them in your email to us.

**Person in Photo / Video**

Full Name:  Date:

Signature:

*Check this box if signing as parent or guardian (under 18)*

**Person in Photo / Video**

Full Name:  Date:

Signature:

*Check this box if signing as parent or guardian (under 18)*

**Person in Photo / Video**

Full Name:  Date:

Signature:

*Check this box if signing as parent or guardian (under 18)*

**Person in Photo / Video**

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