

## INFORMED CONSENT AND AUTHORIZATION FOR THIRD PARTIES TO PRODUCE OR RECORD STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, OR VIDEO OR AUDIO RECORDINGS

AUTHORIZATION		
l,	(Name of Person), agree to permit the V	eterans Health Administration (VHA), if
	(Name of 3rd party) to arrange a me s authorization, it may no longer be protected by Fe e by(Name of 3rd party)	eeting. I acknowledge that once my name is ederal laws or regulations and may be
already been shared withe Public Affairs Office completion of the interv	e. This authorization to share my name and contact	itten revocation is effective upon receipt by
INFORMED CONSENT		
I, image, or video or audi	(Name of Person), , agree to meet and no (Name of 3rd party) to produce or record a verbal to recording containing my voice, appearance, or lile	or written statement, photograph, digital
I consent to permitdigital image, or video of and	(Name of 3rd party) the use of or audio recording containing my voice, appearanc	a verbal or written statement, photograph, e, or likeness as agreed to between me
I acknowledge that VH	A and the Department of Veterans Affairs (VA) are (Name of 3rd party) access to meet with me on the	•
	(Name of 3rd party) to meet me and produce or	record a verbal or written statement,
	ge, or video or audio recording containing my voice cipation is done voluntarily.	e, appearance, or likeness, and on the
-	IA bear no liability or responsibility for the productions, digital images, or video or audio recordings thates.	(Alama and Onder and A
to meet me or produce	y time, I may exercise my right to refuse to allow or record a verbal or written statement, photograph opearance, or likeness.	(Name of 3rd party) h, digital image, or video or audio recording
I understand that no rog States.	yalty, fee, or other compensation of any character	shall become payable to me by the United
I understand that I will r	receive a copy of this form after I sign it.	
I further understand tha	at my agreement or refusal to meet with	(Name of 3rd party)
•	voluntary, and my refusal to meet with have no effect on my receipt of or eligibility for any	(Name of 3rd party)
Name of Person	Signature of Person	Date