## **AUTHORIZATION TO FACILITATE A LEGACY LETTER**

NAME:		
ADDRESS:		-
PHONE:	EMAIL:	_
AUTHORIZED REPRESENTATIVE:		
NAME:		
ADDRESS:		-
PHONE:	EMAIL:	_
referred to as "my legacy writing fa materials, audio recordings, video i	ermission to acilitator," to collect, store and use written recordings, photographs, images, tangible of der to help me to complete a "legacy letter	and printed objects or any

A "legacy letter" is a written or recorded statement that allows individuals to share their stories, life lessons, values and blessings with their families, friends or anyone else they choose. With assistance from my legacy writing facilitator, I intend to complete a legacy letter and to share it with people whom I will choose.

I hereby authorize my legacy writing facilitator to use any of the documents and materials I provide to help me create my legacy letter. I understand that my legacy writing facilitator will take reasonable precautions to protect the security and integrity of those documents and materials. I understand that my legacy writing facilitator will return those documents and materials to me at my request, or will return them to me or my authorized representative when the process of creating my legacy letter is completed.

I further authorize my legacy writing facilitator to record interviews and conversations with me, using an audio or video recording device, in order to facilitate the creation of my legacy letter. I understand that my legacy writing facilitator will take reasonable precautions to protect the security and integrity of those recordings. I understand that my legacy writing facilitator will provide copies of those recordings to me or to my authorized representative at my request. I also understand that my legacy writing facilitator will destroy those recordings at my request or will destroy them when the process of creating my legacy letter is completed.

I understand that my legacy writing facilitator will review a draft version of my legacy letter with me and will secure my approval before sharing it with anyone else. I will then make arrangements with my legacy writing facilitator to share the legacy letter with people whom I choose. If I am not able to approve the draft version of the legacy letter or to make arrangements to share a final version, I hereby grant permission to my authorized representative to make decisions about how and when to share my legacy letter with others.

This authorization does not permit my legacy writing facilitator or any other party to use the materials I provide, or to use the recordings of our conversations, for any purpose other than to facilitate the completion of my legacy letter. This authorization does not permit my legacy writing facilitator or any other party to share my completed legacy letter with anyone except me or my authorized representative without my permission.

Once my legacy letter is completed, I may be willing to share or publicize it, or to share or publicize the recordings or materials used to create it, in order to promote or support organizations I care about or causes I believe in. I also may be willing to share or publicize my legacy letter to educate people about the value of legacy writing and to promote the practice of legacy writing. If I decide to share or publicize my letter for any of those purposes, I will complete and sign a separate authorization form that details what I am willing to share and for what purposes.

I understand that I am under no obligation to sign this form. I retain the right to revoke this authorization at any time by expressing my wishes in writing.

PRINT NAME:
SIGNATURE:
DATE:
RECEIVED BY LEGACY WRITING FACILITATOR:
PRINT NAME:
SIGNATURE:
DATE:

INDIVIDUAL COMPLETING THIS AUTHORIZATION: