

AUTHORIZATION TO FACILITATE A LEGACY LETTER

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

AUTHORIZED REPRESENTATIVE:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

I, the undersigned, hereby grant permission to _____, hereinafter referred to as "my legacy writing facilitator," to collect, store and use written and printed materials, audio recordings, video recordings, photographs, images, tangible objects or any other materials that I provide in order to help me to complete a "legacy letter."

I understand that my legacy writing facilitator will take reasonable precautions to protect the security and integrity of the documents and materials I provide. 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 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.

INDIVIDUAL COMPLETING THIS AUTHORIZATION:

RECEIVED BY LEGACY WRITING FACILITATOR:

PRINT NAME: _____

PRINT NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____