



Disability Rights North Carolina Media Consent

Consent to Share Your Story

Thank you for helping DRNC share information about the stories and people involved in our legal advocacy work. The information, pictures, and videos you provide are often used to highlight the work we do and the issues related to disability rights.

Please take a moment to complete this publicity release form. By doing so, you will be giving DRNC permission to use your image, quotes, name, and information related to DRNC's work with you, as outlined below.

If you would like to speak to someone to explain anything on this form, please reach out to your DRNC attorney or advocate, or email communications@disabilityrightsn.org to speak to the someone on DRNC's communications team.

Service Guarantee

Sharing your story or experience is your decision. If you choose not to share your story, you will not lose access to the resources and benefits you currently have through our legal advocacy on your behalf. Likewise, DRNC will not offer additional resources or benefits to you for sharing your story.

Why we are asking for your story

Sharing the stories of the people we serve helps educate and inform others about the issues disabled people face. It also increases public understanding of our work and expands the impact of our advocacy.

How we will use your story

DRNC strives to represent your story and likeness authentically. We will let you know where we plan to distribute your story, such as social media, website, newsletter, etc. Additional context around your story may be added to enhance our audiences' understanding. We may share your story, your image, or parts of your story in multiple formats, including websites, videos, email, public reports, and social media. We may or may not tell your full story, or share every detail you provide us. Before it is published, we will provide you access to the story or social media post DRNC creates so you can review it and work with the author if any changes need to be made.

Our audience includes

Disabled individuals and their loved ones, other organizations that work with us, donors (institutions, companies and groups of individual supporters) who support our work by providing funding and other resources, elected officials, advocacy organizations, and media organizations including reporters and editors for online news organizations traditional newspapers, magazines, TV and radio.

Your Rights

You have the right to access and update your story. You have the right to change your mind at any time and revoke your consent. If you inform us, we will not use your story in future communications. Please understand that we may not be able to withdraw all images and stories already published.

If you wish for your story to stop being used, or if you have any questions or comments about how your story is being used, please reach out to your DRNC attorney or advocate, or email communications@disabilityrightsn.org.

DRNC Consent Form

I understand that sharing my story and personal experiences is voluntary. I grant Disability Rights North Carolina permission to gather and use my story, including interviews, photographs, audio recordings, and/or video recordings, as specified below.

I understand that anything shared publicly or online can be seen by people all over the world. I can take back my permission after the materials are shared by sending written notice to Disability Rights North Carolina to my DRNC attorney or advocate, or email communications@disabilityrightsn.org.

I have read, understood and agree with this consent form.

Signature _____ Date _____
Full Name _____
Email _____
Phone _____

I prefer to be contacted by

Email Phone Either

To protect my privacy and safety, I require the following (select choice)

- My full name or the child/adult for whom I serve as legal guardian can be used
 Only my first name or the child/adult for whom I serve as legal guardian can be used
 A pseudonym (fictitious name) must be used

I am the person being interviewed and I agree to the following (check all that apply)

- Participate in interviews about my experiences
 Allow photographs to be taken of me
 Allow audio recordings of my voice
 Allow video recordings of me

OR I am

- the parent of a minor child
 legal guardian of a minor child
 legal guardian of an adult

On behalf of my child or the person I serve as legal guardian: I agree to the following (check all that apply)

- Participate in interviews about the experiences of my child or the child/adult I serve as legal guardian
 Allow photographs to be taken of my child or the child/adult I serve as legal guardian
 Allow audio recordings of my child or the child/adult I serve as legal guardian
 Allow video recordings of my child or the child/adult I serve as legal guardian