OKLAHOMA DEPARTMENT OF HUMAN SERVICES

NEWS MEDIA AND MEDIA PRODUCTION RELEASE OF INFORMATION

Official Use only Log number:			
Name			Date
Address	City	State	Zip
Social Security number (non-OKDHS employee)		User identification number (OKDHS employee)	
Phone number (Include area code) ()			
I, Department of Human Se information in the categories be used to promote publ	s checked below.	full permission to I understand the inf	ormation about me will

be used to promote public awareness and educate persons with an interest in Oklahoma health and human services issues and to train OKDHS employees and volunteers. I further understand that I will not receive any fee or compensation for the use of this information, nor will I receive any royalty for its use. I further understand that the information, in written, oral, picture, or video form is prohibited from use for commercial or political purposes.

Name	Business or occupation
Photographs, video, or digital images	
Disability or disease	Address (street, city, town or county)
Other, specify:	

Signature:	
Witness:	
Address:	
Witness:	
Address:	
Approval:	
	Appropriate OKDHS administrator, director, or OKDHS communications director
Comments:	

Purpose of Form

Form ADM-13 is used by sections, units, divisions, resource centers, or other entities administered by the Oklahoma Department of Human Services (OKDHS) to obtain from an OKDHS employee, client, patient, volunteer, or other persons, permission to use the appropriate approved information listed on the form for release to the news media or for use in the production of materials which will educate and communicate the role and mission of OKDHS.

Instructions for Preparation of the Form

An original and two copies of Form ADM-13 are prepared. Photocopies or electronic copies of the signed original are acceptable for official use after the original copy has been completed.

The form is completed by the person named in the form, the parent, or legal guardian of a minor child or vulnerable adult, or other legally responsible individual.

The log number box is for official use only and is used for tracking purposes by the Office of Communications.

SIGNATURE: The appropriate boxes are checked and the form signed on the **SIGNATURE** line by the person completing the form. In the case of a minor child or vulnerable adult, the parent or legal guardian must check the appropriate boxes and sign on the signature line. A minor child is defined as an unmarried person under age 18. If someone other than a parent signs the form, enter the typed or printed name and address of the person and his or her relationship to the person named at the top of the form.

WITNESS: At least one witness must sign the form. The witness must be a competent person at least age 18 or older. A second witness may sign the form when available.

APPROVAL: When the person is in the temporary or permanent custody of OKDHS, the appropriate administrator, director, or designee approves the form by signing on the signature and approval lines.

COMMENTS: Any special conditions for material use, date limitations, or special instructions are written or typed in the comments section. Use additional sheets as an addendum when necessary. The addendum is dated, witnessed, and signed by all of the appropriate persons who signed the original form.

Routing the Form

The original signed form is placed in the permanent record of the client or employee's personnel file. Forms for volunteers or other persons not working for OKDHS are placed in the official records of the office where the form is originated. One copy of the completed and signed form is faxed or mailed immediately to the OKDHS Office of Communications. One copy of the completed and signed form is given to the person named in the form or to his or her parent or legal guardian.