

Albany County Correctional Facility for Children's Benefit, Inc.

7 Audrey Lane Wynantskill, New York 12198 John.Wojcik@albanycounty.com (518) 281-6845

Authorization & Release Form

Today's Date: _____

Board of Directors:

Executive Board-

President:

***John Wojcik
Wynantskill, N.Y.***

1st Vice President:

***John R Smith
Simpsonville, S.C.***

2nd Vice President

***Barbara McMullen
Ravena, N.Y.***

Treasurer:

***Michele Siegfried
Selkirk, N.Y.***

1st Trustee:

***Timothy DeDee
Clifton Park, N.Y.***

2nd Trustee:

***Mary Kay Weis
Albany, N.Y.***

Board Members-

Frank Commisso

Albany, N.Y.

Donna M. Smith

Simpsonville, S.C.

The undersigned hereby authorizes the "Albany County Correctional Facility for Children's Benefit, Inc." (ACCFCB), to utilize photos of and tell the circumstances of my family, including but not limited to my child (name) _____, age _____ & date of birth _____.

I understand that this may be used for web sites, public relations purposes and other such mediums used at the discretion of ACCFCB. I further authorize ACCFCB to confirm all information (Medical, Financial and other), as I have stated in ACCFCB application form and during discussion.

(Signature here) X _____

(Print Mother/ Guardian name here) - _____

(Signature here) X _____

(Print Father/ Guardian name here) - _____

(Signature here) X _____

(Print Witness Signers name here) - _____

Mail or scan and email this completed Authorization, the completed Application and digital photos of your child to above mailing or email address. If you have any questions or concerns, please do not hesitate to contact us at above listed contact information.

WWW.ACCFCB.ORG