

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

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## Board of Directors:

### Executive Board-

#### President:

**John R. Smith**  
Niskayuna, N.Y.

#### 1<sup>st</sup> Vice President:

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

#### 2<sup>nd</sup> Vice President

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

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**Tammy Criscone**  
Clifton Park, N.Y.

#### Treasurer:

**Michele Siegfried**  
Watervliet, N.Y.

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

#### 2<sup>nd</sup> Trustee:

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

### Board Members-

#### Frank Commisso

Albany, N.Y.

#### Donna M. Smith

Niskayuna, N.Y.

## **Authorization & Release Form**

Today's Date: \_\_\_\_\_

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](http://WWW.ACCFCB.ORG)