

SUPPORT OUR WAR HEROES

PERSONAL INFORMATION RELEASE

From: _____

To: Support our War Heroes

I, _____ consent to the release of my personal information for use by SUPPORT OUR WAR HEROES. I understand that only the information that I desire will be released and that it will be used to describe the events that have lead up to my nomination as a "Hero".

I further understand and consent that my personal information may be used by local media outlets in conjunction with SUPPORT OUR WAR HEROES to propagate further persons being nominated to participate in the "Hero" program.

In consideration for the "Hero" program and nomination I consent to the following information being released:

Furthermore, I expressly forbid the following information from being released:

WITNESS

INDIVIDUAL OR GUARDIAN

DATE

CRITERIA

This form must be submitted along with the ["Hero" Nomination Form](#) in order to be considered for the honor. Send completed form to:

Support Our War Heroes
677-E East I-10 Service Road, Slidell, LA 70461
Voice/Fax: 985-649-8137 Email: info@supportourwarheroes.org