Signature	Date
Signature	 Date
I consent that the DHS Communications Office is permitted to image as designated above. I acknowledge that the DHS Comremove details associated with my story in order to protect c	munications Office may change names or
 ☐ You can use my name, job title, and office/employ ☐ Please do not use my name – just use my job title pseudonym and change identity-related details if necessary 	and office/employer (Note: we may use a
And how would you like to be identified?	
Does DHS have permission to use your image, video interview ☐ Yes, you may use my image, likeness, and interview ☐ No, please do not use my image and likeness.	
☐ You can use in job postings☐ All of the above	
☐ You can use in printed materials	
☐ You can share on DHS' social media	
☐ You can share with DHS licensed providers and sta	akeholders
Please indicate where you are comfortable with us using you You can share on DHS' website/blog	r image or likeness:
Email/phone number:	
Name: Job title/employer:	
affirmative consent for full participation.	
Thank you for being willing to participate in Move Your Way	! We want to make sure we have your
	R
Hello,	

Thank you again for sharing your story, and thank you for the work you do for Pennsylvania.

DHS Communications Office