



SHERIFF'S INMATE TRAINING & EDUCATION BUREAU

CHAD BIANCO, SHERIFF-CORONER

RELEASE AUTHORIZATION

I hereby authorize the use of my name, identification of my program participation, photograph(s), and year of completion in the Sheriff's Inmate Training and Education Bureau (SITE-B) program(s), as well as the information I have disclosed to SITE-B regarding my life experiences as it appears in the attached. I understand that in signing this document and initialing the attached page(s), I am releasing the information and photograph, if applicable, to be made public in whole or in part, and verify the information as provided is true.

I also understand that there will be no monetary compensation for use of this information. I am agreeing for my story to be made public with the knowledge that the finished product may appear in promotional materials such as newsletters, brochures, advertisements and other printed collateral for use by the Riverside County Sheriff's Department.

I further understand that this document releases the Riverside County Sheriff's Department, its personnel, and any respective clients as the targets of any damage or liability lawsuits in the future.

Program Participant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Program Name: _____ Program Completion Date: _____

Phone No.: _____ E-Mail: _____

Success Story for (Name) _____