



## Save the Children/Women's Refugee Commission Authorization and Release

Print name: \_\_\_\_\_

I agree to participate in the Save the Children/Women's Refugee Commission adolescent sexual and reproductive health project:

\_\_\_\_\_ Interview

\_\_\_\_\_ Focus group discussion

\_\_\_\_\_ Facility visit

\_\_\_\_\_ Other

\_\_\_\_\_ I grant the Save the Children/Women's Refugee Commission permission to **publish** the information I provided in an interview, focus group discussion or facility visit, **anonymously**.

\_\_\_\_\_ I grant the Save the Children/Women's Refugee Commission permission to **publish** photographs taken of me at:

\_\_\_\_\_ Yes, my name may be used.

Location: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that, by signing this release, the Save the Children/Women's Refugee Commission may use part or all of my interview/focus group discussion/facility visit to improve programs and advocate for good quality services, and I have seen examples of how the information will be used.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of parent or guardian if applicable

\_\_\_\_\_  
Date