



Nebraska VR
Nebraska Department of Education

4/2025

Nebraska VR
PO Box 94987
Lincoln, NE 68509-4987

Video & Media Information Release

I give permission to Nebraska VR (Vocational Rehabilitation) to videotape, photograph and/or record me talking about my rehabilitation experience and sharing personal information (including, but not limited to my name, and disability.) I also give permission for other people, including Nebraska VR staff to share personal information regarding my disability and rehab process on videotape and/or in printed materials. I understand that the videotape and/or printed materials will be shown to or shared with a wide variety of audiences, including civic organizations, potential clients and the general public.

The videotape and/or printed materials will also be made available on the Nebraska VR website or other related websites for viewing by anyone with web access. I am aware that people viewing the videotape or printed materials will be able to identify me from the video, photographs or information.

I may withdraw my consent for this release at any time, for any reason, by notifying Nebraska VR in writing.

I am at least 19 years old and I understand this release.

Print Client Name

Signature of Client

Date

-OR-

Signature of Authorized Representative
(if the client is under age 19 or has a court-appointed guardian)

Date

Address

City

State

Zip

Phone Number