

AUTHORIZATION PREFERENCES

FOR PUBLISHING PERSONAL INFORMATION ON THE CHURCH WEB SITE

Date _____

Name _____

Address _____

Phone _____

I, _____ am the [person] / [legal guardian of the person] named in this Authorization.

I authorize or deny [as checked] the following personal information to be published on the North Haven Congregational Church web site:

Allow	Deny	Personal Information	Comments/Instructions
<input type="checkbox"/>	<input type="checkbox"/>	First Name	
<input type="checkbox"/>	<input type="checkbox"/>	Last Name	
<input type="checkbox"/>	<input type="checkbox"/>	Home Street Address	
<input type="checkbox"/>	<input type="checkbox"/>	Home City	
<input type="checkbox"/>	<input type="checkbox"/>	Home Phone	
<input type="checkbox"/>	<input type="checkbox"/>	Business Phone	
<input type="checkbox"/>	<input type="checkbox"/>	Business Address	
<input type="checkbox"/>	<input type="checkbox"/>	E-Mail Address	
<input type="checkbox"/>	<input type="checkbox"/>	Image [non-identifying]	
<input type="checkbox"/>	<input type="checkbox"/>	Image [with identity]	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

General Comments or Instructions:

Signature

Date