

## **CONSENT/RELEASE OF INFORMATION**

l,		(YOUR FULL NAME), on behalf of
(YOUR ORGANIZATION), have been selected to receive a grant award from South Jersey Industries' Social Investment Program.		
may release m and/or photo( the program/s This may inclu the sole purpo acknowledgme	t to notify me and any appropriate contacts at my or	ame, fellow staff members' name(s) liated with and/or benefitting from dia and/or other publicity channels. digital outlets and SJI websites, for a funding and any associated
FIRST NAME: LAST NAME:		MIDDLE INITIAL:
TITLE:		
ADDRESS:		
PHONE:		
E-MAIL:		
Print Name		
Signature		 Date