\*SAMPLE INFORMED CONSENT\*

*Please note: This is a sample consent form, please revise and utilize your organizations policies when developing your informed consent for survivor speakers.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent to release my identity/story/perspective as a survivor of crime. I understand that once the information is shared by {*insert agency name}* at their event for the 2021 National Crime Victims’ Rights Week, April 18-24, 2021. I understand others might try to obtain more information. I understand this informed consent will expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*make sure to include an expiration date of the release).*

I know that I can change my mind and revoke this release at any time.

Signed:

Printed Name:

Date: