



**Current Accessibility  
Solutions**

## ROI & Picture Release

### Request of Information

I, \_\_\_\_\_, Give Current

Accessibility Solutions permission to obtain and share information with other entities involved regarding my home assessment and or modification project. I understand that Current Accessibility Solutions follows all State and Federal guidelines and regulations, this includes HIPPA compliance.

First Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian  
Name \_\_\_\_\_

Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

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Solutions**



# ROI & Picture Release

## Picture Release

I \_\_\_\_\_, understand that by signing this document, I am giving Current Accessibility Solutions all rights to photos taken during my Assessment and or Project Modification. I understand that Current Accessibility Solutions may share these photos for various reasons including, but not limited to: Before and after photos, insurance purposes, completion of project and possible mild marketing. All pictures with individuals will be approved by the client or guardian before use.

|                    |       |
|--------------------|-------|
| First Name         | _____ |
| Last Name          | _____ |
| Signature          | _____ |
| Date               | _____ |
| Guardian Name      | _____ |
| Guardian Signature | _____ |
| Date               | _____ |

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