

FRIENDS OF MANSFIELD BATTLEFIELD

INFORMATION RELEASE STATEMENT

I (your name) _____ authorize the Friends of the Mansfield Battlefield to use images of and information about my ancestor (ancestor's name) _____ at the Mansfield State Historic Site and in conjunction with educational, awareness or preservation activities of the Friends group. I attest that the information provided is correct to the best of my knowledge.

Your Signature

Date

Address _____

City _____ State _____ ZIP _____

Phone _____ E-Mail _____