

Regional Center for Entrepreneurial Facilitation (RCEF) Release of Information

Date: _____

As a client of RCEF I hereby give permission for RCEF to share my client information with the following individuals or organizations:

- **RCEF Board of Directors** (list is available at rcef.net/board-of-directors/)
- **RCEF Consultants** (list is available at rcef.net/about/meet-the-staff/consultants/)
- **Martin Co. IGNITE Board of Directors** (list is available at martincountyeda.org/meet-the-staff/)
(only if client or business is located in Martin Co.)
- **Watonwan EDA Board of Directors** (list is available at co.watonwan.mn.us/index.aspx?NID=121)
(only if client or business is located in Watonwan Co.)
- Other _____

In addition (check if appropriate):

_____ I give permission for RCEF to announce the accomplishments of my business in the form of a press release or newsletter article.

_____ I give permission for RCEF to use my name, business name, and location for reports and promotional purposes. I understand that the information provided to the public will be general in nature and will not disclose financial information related to my venture.

Client Name (Printed)

Client Signature