

**Please print this form and FAX it to The Witnessing Project at
617-332-2522 (United States)**

I, _____, give (Name _____) permission to write an account of my experience as a witness to violence and violation. I understand that the account will appear on the World Wide Web and may be used for other educational purposes, for instance in writings or teaching. I also understand that Kaethe Weingarten of the Witnessing Project will hold the copyright of this account.

I do want my name to be attached to this account Yes _____ No _____

Name _____

Date _____

Address _____
