



Story Interest Form

A private first step - not permission to publish

Thank you for considering sharing part of your story. You choose what feels comfortable. Submitting this form only begins a conversation; it does not authorize recording, publication, or public sharing.

ABOUT YOU

☐ I confirm that I am 18 years of age or older.

Full legal name

Preferred name

Email

Phone (optional)

Preferred language: ☐ English ☐ Spanish ☐ Both

How would you prefer that Rosy contact you?

YOUR STORY

Share only what feels comfortable. What part of your story would you like to discuss?

What would you hope another person might learn or feel from your experience?

Initial privacy preference (you may change this later):

☐ Real name

☐ First name only

☐ Pseudonym

☐ Anonymous

Important: This form is not consent. Attitude Rose Learning must obtain separate written consent and your final approval before sharing anything publicly.

☐ I understand that sending this form does not give permission to record, publish, or share my story.

Typed name

Date



Story-Sharing Consent & Privacy Choices

Select only the choices you want to authorize

Your participation is voluntary. Leave any option unchecked if you do not want to authorize it. A completed form does not replace the final approval required on page 3.

1. HOW MAY YOU BE IDENTIFIED? (SELECT ONE)

- ☐ Real name ☐ First name only ☐ Pseudonym ☐ Anonymous

If using a pseudonym, write it here:

Details that must be changed or omitted:

2. WHAT MAY BE USED? (CHECK ALL THAT APPLY)

- | | |
|---|--|
| ☐ Written story or excerpt | ☐ Direct quotations |
| ☐ Photograph or image | ☐ Voice or audio recording |
| ☐ Video recording | ☐ English/Spanish translation |

3. WHERE MAY THE APPROVED VERSION APPEAR?

- | | |
|---|--|
| ☐ Attitude Rose Learning website | ☐ YouTube |
| ☐ Instagram and Facebook | ☐ TikTok |
| ☐ Educational presentations | ☐ Workbook or printed materials |

4. EDITING AND REVIEW

- ☐ I allow light editing for clarity, length, spelling, and grammar without changing my meaning.
- ☐ I allow translation between English and Spanish, provided I review the translated version before publication.
- ☐ I understand that I must receive and approve the final version before it is published.

5. YOUR UNDERSTANDING

- ☐ I am 18 or older, and my participation is voluntary.
- ☐ I may decline questions or stop participating without pressure.
- ☐ I may withdraw permission before publication by emailing Attitude Rose Learning.
- ☐ After publication, Attitude Rose Learning can remove content from its own channels, but cannot guarantee removal of copies saved or shared by others.
- ☐ This project is educational and is not psychotherapy, counseling, diagnosis, or crisis care.
- ☐ I will avoid sharing private identifying information about another person unless I have permission.
- ☐ I understand there is no payment unless a separate written agreement says otherwise.

Typed full name

Date

- ☐ I have read this page and consent only to the choices I checked above.



Final Story Approval

Complete only after reviewing the exact final content

Important: Do not publish until the participant has reviewed the exact final story, image, audio, or video and completed this page.

FINAL CONTENT REVIEWED

Participant name

Date reviewed

Title or description of the content reviewed:

Approved publication locations:

MY DECISION (SELECT ONE)

- ☐ I approve the exact version I reviewed for publication in the locations written above.
- ☐ I approve only after the corrections written below are completed and shown to me.
- ☐ I do not approve publication.

Required corrections or conditions:

FINAL PRIVACY CHOICE (SELECT ONE)

- ☐ Real name ☐ First name only ☐ Pseudonym ☐ Anonymous

Write the exact name or pseudonym that may appear:

FINAL ACKNOWLEDGMENT

By completing this page, I authorize only the exact version I reviewed, with any required corrections, and only for the approved locations. I understand that I may withdraw before publication. After publication, Attitude Rose Learning will make reasonable efforts to remove the content from its own channels upon written request, but cannot guarantee removal of copies controlled by others.

- ☐ I understand and approve the decision selected above.

Typed full name

Date

Attitude Rose Learning representative

Date

This packet supports clear communication and recordkeeping. It is not legal advice. Consider review by a qualified attorney before using it to publish identifiable stories.