From: davidlshieldssr@gmail.com <davidlshieldssr@gmail.com>
Sent: Wednesday, April 21, 2021 11:10 AM
To: David Shields <helper@wcandlulushieldsfamily.com>
Subject: RE: A Better and Easier Way To Grant Permission to Publish

From: David Shields <helper@wcandlulushieldsfamily.com>
Sent: Wednesday, April 21, 2021 11:04 AM
To: David Shields <davidlshieldssr@gmail.com>
Subject: A Better and Easier Way To Grant Permission to Publish

Please grant your permission to publish your information and items, as you see fit, using the form below.
To do so, please reply to this message and in the reply message:

- Type in your information for each item, to the right of each __ and check for accuracy.
- Please type an X in each of the ☐ boxes that you decide to be appropriate.
- Send the message to helper@wcandlulushieldsfamily.com.

Also, please forward this message to your adult children and ask them to do the above steps, so they can grant permission to publish their information.
Your reply messages will be posted on the Privacy Policy website page.
THANKS VERY MUCH, from your humble family helper

Permission to Publish Personal Information on the wcandlulushieldsfamily.com Family History Website

Full Name: __David Leland Shields
Address: __2289 NE 106th Ave, Apt 513, Hillsboro, OR
Postal Code: __971248221 Age: __82 Preferred Name: __Dave
Landline Phone: __(503) 690-4573 Mobile Phone: __(937) 369-7550
Email Address: __davidlshieldssr@gmail.com

I give consent to WCLULU LLC, the William Clyde and Lulu Shields Family Limited Liability Company to publish my personal information, data, stories, photographs, videos, drawings, and audio recordings, etc. on the WCLULU Family History Website as follows:

☐ Full Nam. ☐ Birth Date. ☐ Birth Location.
☐ Adoption Facts. ☐ Marriage Date(s). ☐ Marriage Location(s).
☐ Spouse(s) Name(s). ☐ Death Date. ☐ Death Location.
☐ Family Group Data. ☐ Education Facts. ☐ Employment Facts.
☐ Businesses I owned Facts. ☐ Photographs that include me.
☐ Stories, documents, or statements that I or members of my immediate family submit.
☐ Videos that include me. ☐ Audio recordings I submit or am included in.
☐ Drawings I created and submitted or agreed could be submitted by a family member.
☒ ALL OF THE ABOVE.

Name: __David Leland Shields Date: __21 April 2021
Signature