



Pueblo of Laguna Department of Education
Partners for Success
Media Release

I, _____ (print your name), do hereby grant permission to the Laguna Department of Education-Partners for Success to Photograph, Video Record, Audio Record me and use the images, my name and sounds obtained for print, radio, electronic media, websites or video broadcasts anywhere throughout the United States and to edit such media for the sole purpose of promoting Partners for Success.

I hereby attest that I have read and agree to the above statement.

Signature Date

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

If you are under the age of 18 years of age, the signature of Parent/Guardian is also required:

Printed Name of Parent/Guardian

Signature of Parent/Guardian Date