



ESA #12 • Cooperative Educational Service Agency #12
Northern Wisconsin Community Schools Working Together

Media Permission Slip

Purpose: Peer Mediation Training

Date: 10/12/2017

I, _____ give permission to

Cooperative Educational Service Agency #12

to make or use pictures, slides, digital images, or other reproductions of me, of my minor child _____
_____ or of materials owned by me or my child, and to put the finished pictures, slides,
or images to use without compensation in broadcast productions publications, on the Web, or other printed or electronic materials
related to the role and function of Cooperative Educational Service Agency #12.

Address Street, City, State, Zip

Signature

Telephone Area/No.



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