



CESA #12 Media Permission Slip

Purpose: _____

Date: _____

School District: _____

I, (print name)

give permission to **Cooperative Educational Service Agency #12** to make or use pictures, slides, digital images, or other reproductions of or me, or my minor child, (print name)

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, City, State, Zip

Signature

Date

*Fill out 1 form per participant



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