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MEDIA RELEASE

This letter is to request permission for you or your minor child's picture, voice, and/or video (hereinafter referred to as "likeness") to be used for instructional and/or public purposes.

SESA is requesting your permission to use you or your child's likeness for two separate purposes:

1. **Instructional:** to add instructional information to Student Service Reports for students on SESA's caseload. These reports are confidential, and are only shared with individuals who have been granted permission to see them.
2. **Public:** to promote activities and celebrate work through SESA's website, printed materials, videos, and presentations (hereinafter referred to as "media"). Using your likeness in this way is public, and SESA does not have control over who views the website, printed materials, videos, or presentations.

SESA will not release any media including you or your child's likeness without prior written consent. The permission granted in this form will be in effect until consent is withdrawn. You may withdraw your consent at any time by sending a written letter or email to SESA revoking consent. Letters may be mailed to Special Education Service Agency, 3501 Denali Street, Suite 101, Anchorage, AK 99503. Emails may be sent to sesa@sesa.org with the subject "revoke media consent." The letter or email must include the name of the person consent is being revoked for, whether it be yourself or your minor child.

Permission for SESA's <i>instructional</i> use of likeness: <input type="checkbox"/> I grant permission <input type="checkbox"/> I do NOT grant permission
Permission for SESA's <i>public</i> use of likeness: <input type="checkbox"/> I grant permission <input type="checkbox"/> I do NOT grant permission

I, _____, agree to release and hold harmless SESA, its Board of Management, officers, and employees from and against any and all claims, demands, actions, complaints, lawsuits, or other forms of liability arising from the use of me or my minor child's likeness.

I, _____, am completing this form for:

- Self
 Minor Child of whom I am the parent or legal guardian

Name of Child: _____

Address: _____
(Street) (State) (Zip)

Email: _____ Phone: _____

I agree that I have read this release before signing, and fully understand its content.

Signature: _____ Date: _____