



## PERMISSION FORM

### PERMISSION: INDIVIDUAL SIGNATURE

I, \_\_\_\_\_, authorize the Missouri Department of Elementary and Secondary Education and its agents to videotape, photograph, and otherwise record my images, likenesses, voice, and related information for use in educational and/or informational videos, publications, promotions and presentations. I hereby waive and release the Department, its employees, partners and agents from any claim or liability arising out of or relating to such use. I hereby grant permission to the Department to copyright and use, re-use, and publish and republish video, images, likenesses, voice and related information in whole or in part. This is to include print, electronic, Web and/or various media for an indefinite period of time. I also understand that any photographs, films, videotapes or other recordings in which I may appear may be used by the Department, its employees, partners and agents without any liability or compensation to me. This permission extends to print, audio, electronic, Web, including social media, and other formats and materials. Reasonable adjustments may be made to the images, materials and formats for purposes of editorial, layout and delivery need. Permission is granted, although not obligated, to identify the student/myself in connection with the information. I understand the images and information posted to the Web can be seen and copied by anyone with access to the Internet from anywhere in the world.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### PERMISSION: PARENT/LEGAL GUARDIAN SIGNATURE

Parent/legal guardian permission is needed for individuals under the age of 18.

As a legal guardian of \_\_\_\_\_, I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization and release and that I am fully familiar with the contents thereof.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### CONTACT INFORMATION

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
PHONE NUMBER

### DESCRIPTION

### RETURN INFORMATION

Please return your completed form to:

**Email:** [communications@dese.mo.gov](mailto:communications@dese.mo.gov)

**Fax:** 573-751-8613

**Mail:** Missouri Department of Elementary and Secondary Education

Attn: Communications Office, 6<sup>th</sup> floor

P.O. Box 480

Jefferson City, MO 65102