

Printed Name: _____

I hereby grant permission to Tuscarora Intermediate Unit 11's Communication Project to use my photograph and/or my child's photograph on the PA Adult Education Resources website (www.paadultedresources.org), newsletter, reports, brochures, news articles, and/or any other printed publications without further consideration.

I fully understand that once my image is posted on the PA Adult Education Resources website or in other electronic media such as a newsletter, that it can be downloaded by any computer user.

I give permission for the following to be used (write in the information below):

Type of Information	My Information	Permission to share
My first name		Required
My last name		Optional
My adult education program name		Required
My town/city		Optional
Other (please list, including children's names and ages if applicable)		Optional

This release shall continue in effect until I notify:

TIU 11
Community Education and Workforce Services
Attn: Communications Project Coordinator
6395 SR 103 North, Building 58
Lewistown, PA 17044

With written notice to terminate the use of interviews/pictures of the person named above. Such termination shall not affect the use of any written or visual material obtained before the notice of termination.

Signature of Applicant Date

Witness Date

Signature of Parent/Guardian Date
(if under 18)