



## U.S. DEPARTMENT *of* STATE

# Standard Release Agreement

I, the undersigned as the parent and/or legal guardian, grant permission to the U.S. Department of State to photograph/video record the image and/or voice of my child. Permission is granted for the U.S. Department of State to release, publish, broadcast or quote this material in public information programs and activities. Content procured may be included in future speeches, on the Internet, through multiple broadcast channels and print media. Use of content (image, audio or ideas) will not be used for commercial purposes.

### **Please Print**

**Parent/Guardian's Name:** \_\_\_\_\_

**Child's Name and Age:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

If different from above, please write your name as you wish to be identified in the video and/or on social media.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_



**Global Public Affairs**

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