



OKLAHOMA DEPARTMENT OF CAREER
AND TECHNOLOGY EDUCATION

VIDEO/RECORDED VOICE/PHOTOGRAPHY RELEASE

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I further understand that I am not to receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my person in any way.

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SIGNATURE _____ DATE _____

PROJECT NAME/PLACE _____

If the above named person is a minor, the parent or guardian shall consent to the above authorization and release by signing below.

NAME _____

SIGNATURE _____ DATE _____