



Photo Release Authorization Form

I hereby grant permission to my teacher Andrea Evans to use videos and images of myself taken during class or school activities. Such use includes publications, printed materials, class demonstrations, presentations, broadcast via newspaper, internet or other media sources, or any promotional and/or educational purposes.

Student's name: Diana Igawa

Student's Signature: [Signature]

Parent or guardian's signature: _____ (if student under 18)

Parent / Guardian Name: _____

Date: 09/12/2019

