



# Office of Superintendent of Public Instruction Photo/Video Release Form

The Office of Superintendent of Public Instruction (OSPI) is dedicated to supporting teaching and learning in the State of Washington. This includes developing our own website, publications, and informational materials. In this work, there will be opportunities for people to be interviewed, photographed, and/or videotaped.

In signing this release, I give OSPI or any organization acting on its behalf the right to use, publish, display and/or reproduce any video/recorded voice/photographs in which \_\_\_\_\_ may appear, without payment.  
Name of participant

I understand and agree that these materials will become the property of the OSPI and will not be returned. I also authorize OSPI to edit, alter, copy, exhibit, publish, or distribute this video/recorded voice/photograph for educational purposes or any other lawful purpose.

\_\_\_\_\_ We/I give permission for OSPI to use likeness/voice of participant along with full name.

\_\_\_\_\_ We/I give permission for OSPI to use likeness/voice of participant along with first name *only*.

\_\_\_\_\_ We/I give permission for OSPI to use likeness/voice of participant *only* without disclosing his/her name.

**I am 18 years of age and competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.**

\_\_\_\_\_  
(Signature) (Date)  
\_\_\_\_\_  
(Printed Name) (Date)

**If the participant is under age 18, there must be consent by a parent or guardian as follows:**

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, named above, and give my consent.  
Name of participant

\_\_\_\_\_  
(Signature) (Date)  
\_\_\_\_\_  
(Printed Name) (Date)

**Contact information of Participant (or Participant's Parent/Guardian)**

\_\_\_\_\_  
(Address) (Phone Number/Email)