

Authorization for Mass Media Applications

Name _____

In the interest of education, I, the undersigned, voluntarily authorize the Catalyst Media Center in the College of Education at Kansas State University to take photographs, to produce newspaper or magazine articles, television programs, videotape recordings, audio recordings, internet web materials, and other visual and/or audio recordings in which I may be included in whole or in part, including my presentations or materials I developed.

I give my permission to the College of Education at Kansas State University to release and to show the materials as it deems appropriate, including the release and showing to the general public for publicity and promotion in magazines, newspapers, on television, on the internet, or by any other means selected by the College of Education at Kansas State University.

_____ I consent to having my name identified with the materials.

Date: _____ Name of School _____ Grade Level _____

Signature of Participant:

If under 18 years of age, Signature of parent or legal Guardian:
