



CONSENT TO USE OF NAME AND PICTURE

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I give my consent to the Pennsylvania Department of State to use my name and image, including the use of said images on the world wide web, television and in magazines and newspapers. I understand that I will not receive any compensation for the use of my image.

Student Name (please print) _____

Student Signature _____

Date _____

For persons under the age of 18, this form must also be signed below by a parent or guardian.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Relation to minor _____

Date _____