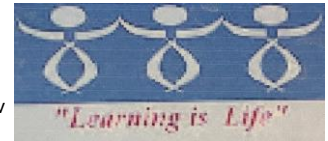




Chemehuevi Education Center

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Authorization for Media Release

As parent/guardian, I hereby authorize that the student named below may be published in photos and /or videos from The Chemehuevi Tribe Education Center and Chemehuevi Indian Tribe. These may be posted on the Tribal Website Chemehuevi.org/education, social media outlets, newsletters, news articles, etc. This release is good for one calendar year from the date below.

STUDENT: Last Name

First Name

Middle Name

PARENT/GUARDIAN: Last Name

First Name

Middle Name

Parent/Guardian Signature

Date

Original signatures required. PLEASE Include all documents/forms and initial to acknowledge agreement.
Please keep a copy for your file.