



Office of Technology and Communications Services

Photo Release Form for Minors

(Please Print or Type all Information Below)

Application Date: _____

I, (parent or guardian's name) _____, give permission and consent for the Southern University Agricultural Research and Extension Center and the College of Agricultural, Family and Consumer Sciences (SU Ag Center/ CAFCS) to use the name and image of (Minor's name) _____ for media purposes of any official SU Ag Center/ CAFSC scheduled program. Media may be in the form of a public newspaper, radio, television, the SU Ag Center/ CAFCS website, its social media platforms and/or newsletters, brochures or advertisements.

From time to time, local media may be present during SU Ag Center/ CAFCS events to videotape, photograph, record and/or interview youth involved in its activities.

Parent or Guardian's Signature: _____

Date: _____

Signed: _____
(Southern University Ag Center Agent – Please Print)

Date: _____

Note: If your child's picture or name accidentally appears on the SU Ag Center's website or social media platforms, please contact LaKeeshia Giddens at lakeeshia_giddens@suagcenter.com or Chris Rogers at chris_rogers@suagcenter.com immediately and it will be removed.