

Authority to Publish

This form is an agreement between you and the NSW Department of Education and Training including TAFE NSW-North Coast Institute (the Department). Please read carefully and sign at the bottom of the page if you agree to allow publication as set out below.

The Department would like to be able to use a photograph and/or video of you and/or sound recording of your voice and/or quote your words in some of its printed and/or electronic promotional and marketing material which will be available for viewing by the public. If you sign this release form it means that you agree to the following:

1. The Department is able to use your photo/video image, voice recording and/or quote your words as many times and in as many ways as it wants to – for example, on the Department's website or in local newspapers.
2. Your photo/video image may be reproduced in colour or black and white and may be altered for design purposes.
3. You will not be consulted about the specific context in which your photo/video image, voice recording and/or quote of your words appears.
4. Material held will be kept for an indefinite time. It will be stored and disposed of securely.

The Department will not use your photo/video image, voice recording and/or quote of your words for any purpose other than the general promotion and marketing of education and training by the Department.

Your agreement to permit the use of your photo/video image, voice recording and/or quote of your words is greatly appreciated. Any inquiries you have may be directed to Neil Brown on (02) 6586 2224.

To be able to sign this release form you must be over 18 years of age. If you are not over 18 years of age, we will need the written agreement of your parent or guardian before we can use this material.

Name: _____ Phone: _____

Address: _____

TAFE NSW Course: _____ Campus: _____

I am over 18 years old. I have read this release and I understand what it means.

Signature: _____ Date: _____

I am under 18 years old. My parent/guardian has read and understood this release and signed below.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Witness

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Staff Use Only – please forward copy to Media and PR at Institute Office

PROJECT: _____

LOCATION: _____ DATE: _____

DESCRIPTION: _____