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## MEDIA RELEASE FORM

Please fill out this form if you are willing to grant media release.

Check this box  if you **are NOT willing** to grant media release.

I grant permission to the Special Education Service Agency (SESA), to use my or my minor child's picture/voice/video (hereinafter referred to as "materials") in Media publications including: *(Check All That Apply)*

Videos  Brochures  Newsletters  General Publications  Website  School District Training  Presentations  Other: \_\_\_\_\_

SESA will **not** release any media including you or your child's materials without prior written consent. The permission granted in this form will be in effect until withdrawn at any time, with a written letter or e-mail to:

Special Education Service Agency (SESA)  
2600 Denali Street, Suite 200  
Anchorage, AK 99503  
Phone: 907 334-1300  
E-mail: [sesa@sesa.org](mailto:sesa@sesa.org)

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand I am free to address any specific questions regarding this release prior to signing, and I agree that not doing so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

I, \_\_\_\_\_, am completing this form for:

- Self  
 Minor Child of whom I am the parent or legal guardian.  
Name of child: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_