



Fayette County Area Vocational Technical School

175 Georges Fairchance Road

Uniontown, PA 15401

Phone: 724-437-2721

Fax: 724-437-2576

Dr. Edward Jeffreys – Executive Director

Mr. Brian Reams – Principal

CONSENT TO USE OF PICTURE/VOICE /NAME

(PLEASE PRINT)

I, _____, do hereby give my written consent to the Fayette County Area Vocational Technical School, 175 Georges Fairchance Road, Uniontown, Pennsylvania, its successors, assigns and licensees and any agencies designated by Fayette County Area Vocational Technical School, to use my picture and/or voice and/or name for slides, web site or film/video tape purposes including the use of said pictures on television and in magazines and newspapers, wherever, whenever, and in whatever manner they shall desire, consistent with good taste which will not be derogatory, degrading or detrimental to me in any way. I understand that I will not receive any compensation, neither now nor in the future, for the above.

Full Name: _____

Home Address: _____

City _____ State _____ Zip Code _____

Phone (H): _____

Shop _____

Student's Signature: _____ Date _____

If this consent is obtained from a student under the age of twenty-one (21), then the signature of that student's parent or legal guardian is also required.

Parent's Signature: _____ Date _____