



Photo Release Form

Name: _____

Address: _____

School: _____

I hereby grant permission to the Fullerton Secondary Teachers Organization, its affiliate organizations, or other organizations that it represents, to use all images and/or voice recordings of me recorded by film, videotape, audio recording, still photography, audio recording or any other medium. FSTO may use the images and/or voice recordings in FSTO productions. I understand that these productions may include messages of a political nature. Thank you.

Signature

Date

If person appearing is under 18 years old, a parent or guardian signature is required:

Parent/Guardian Signature

Date