## **Authorization of Use**

| ☐ General Use  |  |
|--|--|
| □ Specific Project:  |  |
| College of Agriculture Cooperative Extension and/or videotape me, or my minor child, and/o interview, photography and/or videotaping and | d/or to use and/or permit others to use information aforementioned images in educational and promotional |
| ✓ University Educational Publications/Videos   |  |
| ✓ University Electronics Publishing (e.g. World  | d Wide Web)  |
| ✓ University Promotion/Advertising   |  |
| ✓ Local/regional/national news media (w/perm   | nission of the University of Kentucky)   |
| Signature:   | Date:  |
| Witness:Signature  | Date:  |
| Name and mailing address (please print) Name:  |  |
| Address:   |  |
| E-mail:  |  |
| Phone:   |  |
| *If the individual to be interviewed, photograph please indicate your relationship or authority to                                       |  |
| Signature of Parent or Guardian:   | Date:  |
| Educational programs of Kentucky Cooperativ sex, religion, disability, or national origin.   | ve Extension serve all people regardless of race, color, age,  |
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