Form AP/VR

STATE OF HAWAII
DEPARTMENT OF EDUCATION

Adult Publication/Audio/Video
Release Form

This form combines and replaces the previous Adult Permission to Videotape/Record and Reproduce Work Forms. By signing this form, you agree to the terms and conditions of this agreement. Please complete the following:

1. Print all of the following requested information legibly. Use blue or black ink.
2. Check the appropriate box below.
3. Sign the “Signature” line.
4. File with your school’s secretary, or your complex area or state office branch secretary, accordingly.

I hereby give my permission to the Hawaii State Department of Education (HIDOE) to use my work, video recording, or otherwise record my name, voice, and/or likeness in its publications. I understand that examples of my work and/or these recordings of me will be used exclusively for non-commercial, educational purposes, which may include, but is not limited to, distribution by print, internet, or digital media and open-circuit broadcast, closed-circuit, and/or cable television transmission within or outside of the State of Hawaii for the duration of the media.

I understand that there will be no financial or other remuneration for the use of my work and/or recordings, either for the initial or subsequent transmission or playback, and I hereby release the HIDOE from any liability resulting from or connected with the publication of such work or recording. I grant to the HIDOE, permission to use the work or recordings for the duration of the media. I further understand that my permission or consent may be rescinded; however, in order for the revocation of permission/consent to be effective, it must be made in writing and said revocation will not affect the publication or work that has already been produced and/or published.

HIDOE may use my name, likeness, work, and/or bibliographical identification for publicizing and promoting the use of the work or recordings.

HIDOE has my permission to use my work, to videotape, or otherwise record my name, voice, and/or likeness for educational purposes.

☐ Yes    ☐ No

The educational purpose and date(s) of the work and/or recordings that is covered by this form is:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

______________________________________  ___________________________________
Name (Please Print)                                              Title

______________________________________  ___________________________________
School  or Office/Branch                                       Signature

______________________________________  ____________________________________
Home Address                                                      Date

City, State, Zip Code

OSIP, April 2017 (Rev. of RS-12-1210)