



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 I further understand that my permission or consent may be rescinded; however, in order for the revocation of permission/consent to be effective, it must be made in writing and said revocation will not affect the publication or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:

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Name (Please Print)

Title

School or Office/Branch

Signature

Home Address

Date

City, State, Zip Code