



United States Department of State

*Bureau of Public Affairs
2201 C Street NW
Washington, D.C. 20520*

RELEASE FORM

I hereby consent to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings for the purposes of illustration, broadcast, or distribution in any manner, including the internet, by the United States Department of State, Washington, D.C.,

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(Print full name)

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Signature _____

* * * * *

If the subject is a minor:

Legal Guardian _____
(Print full name)

Address _____ City _____

State _____ Zip code _____

Telephone _____

Signature _____