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I agree that my name and identity may <b>OR</b> may not be revealed in des	criptive text or commentary in connection with the image(s).
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(Date)	-
(Signature of adult subject)	_
(Address)	(City, State, Zip)
<b>RELEASE FOR MINOR CHILDREN</b> (U	
-	, parent or official guardian of
(child's name)	
State University, its employees or representativ	ves, to take and use:
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of <b>my child</b> for use in promotional or educatio printed publications or materials (such as m	
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may <b>OR</b> may not	
contact my family to speak with my child rega	rding his/her involvement with CSU activities
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(Date)	(Date)
(Signature of Parent or Guardian)	(Signature of Witness for CSU)

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