

MEDIA RELEASE FORM

Throughout the duration of the STARTALK summer program, the Institute of Critical Languages and Cultural Exchange, Inc., Louisiana State University, local newspapers, educational magazines, etc. will publish newsletters, brochures, articles, and the like highlighting the participating students' accomplishments and opinions about the program. Pictures and profiles of the students will be placed on the website for public viewing as well. Some TV stations will air news coverage about the STARTALK Standard Arabic grant and scholarships. The office of educational leadership at LSU will conduct a survey at the end of the summer program to evaluate the results. Each student is required to complete the survey. Because of student privacy laws, we want to secure parental permission before publishing information about any of our student participants. We would like to assure you at the outset that the student's private information (such as address, phone numbers, social security number) will never be published or released to any other agency or media outlet. The ICLCE, Inc. and LSU will control all information distributed to the public in our publications and website. We do not, however, control what is produced by outside media sources.

Parental/Legal Guardian Media Consent Form

I hereby consent to the use of any photographs/video taken of my child by the ICLCE, Inc. and LSU or the media for the purpose of advertising or publicizing events and activities pertaining to STARTALK Standard Arabic summer program in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media. By law, the ICLCE, Inc. and LSU protect the privacy of the students and are prohibited from releasing students' personal information.

I also understand that when representatives of the news media cover events at our grant implementation site, there is a possibility that my child may be photographed, videotaped, or interviewed for a news story. I hereby consent that my child fills the evaluation survey at the completion of the institute conducted by the Office of Educational Leadership and Counseling, which is serving as the independent auditor

Please select **yes** or **no** below. Sign and date the form. The form has to be returned along with your child's application package.

Yes. I allow my child to be identified in any ICLCE, Inc and LSU publication, and outside media sources.

No. I do not want my child to be identified in any ICLCE, Inc., LSU publication, or outside media sources.

I UNDERSTAND THAT THE COMPLETION OF THE EVALUATION SURVEY AT THE END OF THE PROGRAM IS MANDATORY

PLEASE PRINT

Student's Name: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____

Parent or Guardian if above person is under 18:

Parent/Guardian's Name: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____