

Photograph Permission Form

Last Name:			
Given Name:			
Phone No.:		Mobile No.:	
Course/Module/Unit of Competency Code:			
Course/Module/Unit of Competency Name:			
Date			

Please tick the appropriate boxes below.

I agree to my photograph being taken and used for the promotional and marketing purpose indicated.

I wish to be acknowledged in the promotional and marketing material and give permission for my name to be included in the material.

OR

I do **not** wish to be acknowledged in the promotional and marketing material.

Comments

(Please use this space to make any comments you wish regarding the use of your photograph.)

Student Signature:		Date:	
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KIA Representative

Representative Name:			
Representative Signature:		Date:	