



Grant MacEwan College
P.O Box 1796 Edmonton, AB T5J 2P2

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(Where practicable attach a copy of the visual / sound recordings approved by this authorization.)

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Parent / Guardian (If Model Under 18 Years of Age)

Address of Model

Address of Parent or Guardian

Telephone Number of Model

Telephone Number of Parent or Guardian

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- Photograph ME
- Make recordings of MY VOICE
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Intended uses:

1. _____
2. _____
3. _____

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FIRST AND LAST NAME **FIRST NAME ONLY** **SCHOOL OR BUSINESS**

Signature of Model (If Over Age 14)

Date

Signature of Guardian (If Model is Under 18 Years of Age)

Date