

Media Release Form

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I have read this agreement and I understand what I am signing.

FACE Program	Date
Name of Parent/Guardian (please print)	
Name of Child(ren) (please print)	
Address	
Email Address	
In the case of a minor, the signature and date of th	e parent or guardian is required.
Parent/Guardian name	Date
Signature	
*Center-based FACE Staff: Fax signed copy to Natio	nal Center for Families Learning, 502-805-0593
*Home-based FACE Staff: Fax signed copy to Parent	
Parents as Teach	ers National Center
2228 Ball Drive • St. Louis,	MO 63146 • (314) 432-4330
National Center f	or Families Learning
325 West Main Street, Suite 300 •	Louisville, KY 40202 • (502) 584-1133