



អង្គការសកម្មភាពសម្រាប់ការអប់រំនៅកម្ពុជា
Kampuchea Action to Promote Education (KAPE)

Annex 3

PHOTO AUTHORIZATION FORMAT-PARENTS/GUARDIANS
(For all the children below 18 years old)

I _____ (name of the parent), as parent/guardian of _____ (name of the child), (sex), living in _____, hereby authorize Kampuchea Action to Promote Education (KAPE) to use the photograph, video or voice recording for purposes related to the mission of The KAPE, including publicity, of KAPE and its programs.

This application is valid for one academic year start from: _____ to _____

I certify that I have read and understood the above statement and I consent to the use of the photograph, video or voice recording for the purposes stated.

Parent/ guardian	Witness	KAPE staff
Signature/ fingerprint	Signature/fingerprint	Signature/ fingerprint
DATE _____	DATE _____	DATE _____