

## Annex 3

## PHOTO AUTHORIZATION FORMAT-PARENTS/GUARDIANS

(For all the children below 18 years old)

I	(name of the p	oarent), as parent/guardian of
	(name of th	<i>e child</i> ), <i>(sex),</i> living
in	, hereby authorize	Kampuchea Action to Promote
Education (KAPE) to use the	photograph, video or voice r	ecording for purposes related to
the mission of The KAPE, incl	luding publicity, of KAPE and	its programs.
This application is valid for o	ne 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

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