



អង្គការសកម្មភាពសម្រាប់ការអប់រំនៅកម្ពុជា
Kampuchea Action to Promote Education (KAPE)

Annex 4

**PHOTO AUTHORIZATION FORMAT-School Director
 (For all the children below 18 years old)**

I _____ (*Director's name*), as School Director of _____ (*School's name*), hereby authorize Kampuchean Action to Promote Education (KAPE) to take pictures in the school during working time, and to use the photographs, video or voice recording for purposes related to the mission of KAPE, including publicity, of KAPE and its programs.

This authorization is valid for all the school year, from _____ to _____.

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

School Director	Witness	KAPE staff
Signature/fingerprint and Name	Signature/fingerprint and Name	Signature/fingerprint and Name
DATE _____	DATE _____	DATE _____