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for Audio, Video, Photographs, Digital Media

DESCRIPTION: *COVID-19 Oral History Project*

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I understand that at no time will photos, interviews, or films of me be used in a way slanderous or detrimental to my character. I have reviewed the above information and give my approval for its use in any of the formats listed above.

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* Parent or Guardian if under legal age.

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WITNESS (print) _____

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