



Okkodo High School provides a respectful environment for quality learning that builds knowledge and skills to succeed in the 21<sup>st</sup> century.



Guam Department of Education  
501, Mariner Ave, Barrigada, Guam  
**OKKODO HIGH SCHOOL**

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Dededo, Guam 96929  
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K. Erik Swanson, Ph.D.  
Superintendent of Education

Rita L. Flores  
Principal

**STUDENT MEDIA CONSENT AND RELEASE FORM**

For school year **2023-2024**, students may be highlighted in efforts to promote Okkodo High School activities and achievements. For example, students may be featured in materials to train teachers and /or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media. I, as the parent or guardian of

\_\_\_\_\_ (Print Child's Name)

hereby give Okkodo High School and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- A. This is with the understanding that neither Okkodo High School nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- B. I further release and relieve Okkodo High School, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.
  - Yes, I certify that I have, read understood and agree to the **MEDIA CONSENT AND RELEASE LIABILITY** statement and fully understand its terms and conditions.
  - No, I do not give OHS permission to feature my child in any media sources.

**Please understand that failure to return this release form with five (5) days from the date of distribution will constitute approval of the above requests.**

Date of Media Consent and Release Form Sent: \_\_\_\_\_

ELA Instructor(s) Name \_\_\_\_\_

**(Please Print)**

Name of Child: \_\_\_\_\_

Grade: \_\_\_\_\_ Period: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number(s):  
(Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Acknowledge by:

Ms. Rita L. Flores, OHS Principal

**E5: Excellence by Choice**  
Effectively Communicate with Others  
Excellence in Academics  
Embrace Cultural Diversity  
Environmentally Respectful  
Exercise Total Wellness – Social-Emotional, Mental, and Physical