

**U.S. Department of Agriculture
Office of Human Resource Management**

**STUDENT EMPLOYMENT PROGRAMS (SEPs)
INTERN ACTIVITIES
MEDIA CONSENT/RELEASE FORM**

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I am more than 21 years of age.

(Print Name) _____
(Signature)

(Address) _____
(City)

(State) _____ _____
(Zip Code) _____
(Date)

Consent of Guardian

(Print Name)

I am the parent and/or guardians of the minor named above, and have the legal authority to execute consent and release. I approve the foregoing and waive any rights to the above.

(Signature) _____
(Date)

(Address)

(State) _____
(Zip Code)