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**OXFORD-ADDISON YOUTH ASSISTANCE PUBLICITY RELEASE AUTHORIZATION
FORM**

I understand that in the course of participating in any event associated with Oxford-Addison Youth Assistance and/or Oakland County Youth Assistance, my child may be photographed or videotaped. Occasionally photos/videos of events may be used for publicity purposes.

Activity/Program: _____

I, _____, authorize the
(Name of Parent/Guardian)

use of photos/videos of my child _____
(Child's full name)

for P.R. or publicity purposes solely for Oxford-Addison Youth Assistance and/or Oakland County Youth Assistance, provided my child is not portrayed in an uncomplimentary light.

(Parent/Guardian Signature)

(Address, City and Zipcode)

(Home and/or Cell Phone Numbers)

(E-mail Address)

(Date)