





New Mexico Voices for Children,  
 NM Department of Health TUPAC,  
 And New Mexico Media Literacy Project  
 Media Release Form

I, \_\_\_\_\_ (print your name), hereby grant New Mexico Voices for Children (NM VOICES), NM Department Of Health TUPAC (TUPAC) and New Mexico Media Literacy Project (NMMLP) permission to use my likeness, voice, picture, and name for print radio, electronic media, NMVOICES/TUPAC/NMMLP websites, or television broadcast anywhere throughout the United States and the world, and to edit such material on film, audiotape, or videotape for the purpose of promoting NM VOICES, TUPAC, and NMMLP.

I hereby attest that I have read and agree to the above statement on

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Your Signature)

Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**If you are under 18 years of age, the signature of your parents is also required:**

\_\_\_\_\_  
**(Parent or Guardian Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Parent or Guardian Printed Name)**

**Please return this form to Youth Link/YEAH! by mail, fax or email.**  
 2340 Alamo SE, Suite 120 \* Albuquerque, NM \* 87106  
 Fax: (505) 244-9509  
 Email: yeah@nmvoices.org