



**The Ohio Resource Center for Mathematics, Science, and Reading**

**Media Consent Form**

**Participant's Name:** *(please print)* \_\_\_\_\_

**Participant's Status:** *(check one)*     educator     administrator     parent  
 student\*    other: *(please specify)* \_\_\_\_\_

*\*If student, printed name of Parent/Guardian:* \_\_\_\_\_

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