

Satilla Regional Library

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Douglas, Georgia 31533-5340

Counties Served
Atkinson
Coffee

Audio Recording Release Form

I hereby grant Satilla Regional Library the right and permission to audio record

_____ (child's first and last name)

and to use the recording on websites, radio, print media, and/or digital repositories for the purposes of promoting Satilla Regional Library.

I understand that the audio recording may be used for internal and/or external promotion by Satilla Regional Library.

I have read the release, understand it, and intend it to be a binding instrument.

I grant permission to mention the child's name and school in the audio recording yes no

Name: _____

Address: _____

Phone: _____

Parent/Legal Guardian's Signature: _____

Date: _____