



Family And Child Education

Media Release Form

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FACE Program _____ Date _____

Name of Parent/Guardian (please print) _____

Name of Child(ren) (please print) _____

Address _____

Email Address _____

In the case of a minor, the signature and date of the parent or guardian is required.

Parent/Guardian name _____ Date _____

Signature _____

**Center-based FACE Staff: Fax signed copy to National Center for Families Learning, 502-805-0593*

**Home-based FACE Staff: Fax signed copy to Parents as Teachers National Center, 314-432-8963*

Parents as Teachers National Center

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