



**JUVENILE JUSTICE
Media Release Consent**

I, _____ consent to the use of my

(CHECK ALL THAT APPLY):

_____ **first name or initials**

_____ **age,**

_____ **voice**

_____ **comments**

_____ **photograph**

_____ **county, OR**

_____ **city of residence**

AND any other information that I choose to share with the media for the purpose of print, radio, and/or television.

Signature of Youth

Date

Youth's Birthday

Signature of parent/legal guardian

Date

JJ Staff cannot sign until all sign above, and written authorization from the juvenile's attorney is provided.

Signature of JJ staff

Date