



MEDIA RELEASE FORM - Statewide	
Form #: DHR-INT-102.1-F	Authority: 29 Del. C. § 9003D. General powers and duties.
Effective Date: June 6, 2022	Revision Date: May 1, 2024
Supersedes: N/A	

Part 1: Employee Acknowledgement

I, the undersigned, do hereby give consent and agree that the State of Delaware, my department/agency, its employees or agents have the right to take photographs, video recordings, written testimonials, and/or digital recordings of me and use my photos, videos, testimonials or digital recordings in print (i.e., poster/flyer, pamphlet, newspaper, etc.) and/or electronic form (i.e., email, presentation, internet, social media, television, radio, etc.) publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I also understand that there will be no financial or other compensation for photos, videos, testimonials, or recordings of me.

I have read and understand the above statement and am competent to execute this agreement.

Part 2: Employee Information

Name: _____ Position: _____

Department/Agency: _____

Preferred Phone Number: (____) _____ - _____ Preferred Email Address: _____

If under 18 years of age, a parent or guardian name is required below.

Parent or Guardian Name: _____

Part 3: Signature Section

Employee Date

If under 18 years of age, a parent or guardian signature is required below.

Parent or Guardian Date

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

A copy of this completed Agreement must be sent to Agency Human Resources office.