



CELEBRATE LITERACY WEEK, FLORIDA! PSA Contest Entry Form & Florida Knowledge Network Release Agreement

District: _____

School: _____

School Address: _____

Principal's Name: _____

Email Address: _____

Phone Number: _____

PSA Title: _____

With this release, I grant *The Florida Knowledge Network* and *The Florida Department of Education* permission to use my image, voice, and content of my presentation in video productions, and print or web-based publications for non-profit, educational purposes.

Authorized Signature (Print Name): _____

Authorized Signature: _____

Date: _____

- **Submissions must be in DVD format and mailed along with the completed contest entry and Florida Knowledge Network release form to: Just Read, Florida! Office, 325 W. Gaines Street, Suite 1548, Tallahassee, FL 32399 and postmarked by December 19, 2008.**

Rights Information

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