



**LOS ANGELES RECONNECTIONS CAREER ACADEMY (LARCA)2.0
JOBS AND EDUCATION PROGRAM
FOR CLASS MEMBERS OF THE RODRIGUEZ SETTLEMENT**



MEDIA CONSENT FORM

I give my consent to be interviewed, videotaped and / or photographed for use by the LOS ANGELES RECONNECTIONS CAREER ACADEMY (LARCA) 2.0. I understand that my interview, video, and/or photographic image may be used in print or digital/electronic form (e.g., publications, website, advertising, videos) and may recognize my association with the City of Los Angeles, including the LOS ANGELES RECONNECTIONS CAREER ACADEMY (LARCA)2.0 program.

Full Name (print)_____

Adress_____

City_____ State_____ Zip code_____

Phone_____ E-mail Address_____

Signature_____ Date_____

Minor Consent: If you are a parent/ legal guardian signing on behalf of a minor (less than 18 years old), please also complete the portion below.

Minor's Full Name (print) _____

Relationship to person completing this form_____

For Staff Use Only

Name of LARCA 2.0 Service Provider: _____

Name of staff Submitting Success Story: _____