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<b>FSA-463</b> (06-22-16)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency  <b>PHOTOGRAPH AND TESTIMONIAL          CONSENT/RELEASE FORM</b>  A release is not required for photographs or testimonies of public officials, including FSA employees, in the conduct of their official duties.	<b>1A. Originating Name and Address (Include Zip Code)</b> Farm Service Agency 920 East Stowell Rd Santa Maria, CA 93454-7008
	<b>1B. Originating Telephone No. (Include Area Code)</b> 805-928-9269 x2
	<b>1C. Originating Office Fax No. (Include Area Code)</b> 844-206-7008

**Type of consent (Check all that apply):**     Photograph Consent     Testimonial Consent

I, \_\_\_\_\_, hereby consent to the royalty use by the United States Department of Agriculture (USDA) of photograph(s) taken of me by employees/representatives of USDA's Farm Service Agency (FSA), and of any reproduction of the photograph(s) in any form, with editing for clarity full or in part, in any media, for any purpose in connection with USDA, world-wide, free and clear of any claim whatsoever on my part.

(Print name of person this Consent/Release form applies to)

I also consent to the use of my name with the photograph(s) and any testimonial(s) and comment(s) I may have made at the time of the photograph(s), including the editing thereof.

Furthermore, I understand that the photograph(s), testimonial(s) and comment(s) will not be sold by FSA and may be sued alone or in conjunction with other types of printed material, including use on FSA's Internet and Intranet, and in all other means of public display.

I hereby release the United States, its officers, and employees from liability for any violation of any right I may have in connection with the foregoing use.

I hereby waive any right of inspection or approval of the photograph(s) or of the use that may be made of the photograph(s), my name, and my comments.

**Parent/Legal Guardian Consent:**

Being a/the parent/legal guardian of the minor who executed the foregoing Consent/Release and acting both for myself individually and on behalf of said minor, I hereby consent to the execution of the foregoing Consent/Release by said minor and agree to the provisions thereof

I am of legal age     I am not of legal age (Must have parent/legal guardian consent)

2. If signing for minor, relationship to minor:	3. Name of person giving consent:
4. Telephone No. (Include Area Code)	5. Cell No. (Include Area Code)
6. Mailing Address:	7. Fax No. (Include Area Code)
	8. Email Address

9A. Signature (Person giving consent)

\_\_\_\_\_

Date Signed: \_\_\_\_\_

9B. Signature (FSA official)

\_\_\_\_\_

Date Signed: \_\_\_\_\_

9C. Title (FSA official)

\_\_\_\_\_

**Maintain a copy of this form in the originating office and forward one copy to:**

USDA-FSA Public Affairs Branch, 1400 Independence Ave., SW  
STOP Code 0506, Room 4074  
Washington, D.C. 20250-0506  
Fax: 202-720-2979

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