

ALASKA TEACHER PLACEMENT MEET OUR TEACHERS APPLICATION

Alaska Teacher Placement would like to recognize teachers from across the state and encourage them to share their experiences with other educators considering teaching in Alaska. Selected applicants must complete this form, and agree to be featured with a photo on the Alaska Teacher Placement website. For more information contact Alaska Teacher Placement at 907 474-6644 or atp@email.alaska.edu

Name of Teacher: _____

School District: _____ School: _____

Grade: _____ Subject(s): _____

Extra Curricular Activities: _____

Inspiring words to share -

How you might start - *We came to Alaska and found...The best part about teaching in Alaska is...I would encourage anyone interested in teaching in Alaska to...*

No more than a paragraph please.

Please send a digital photo of yourself. If you are including photos of kids, please have them complete a model release form, and include their names. All photos must be sent via email in a jpg or gif format.

Please fax all forms back to ATP at 907 474-6176

I consent to give the University of Alaska (UA) permission to photograph me and to use the photograph(s) in its publications. In connection with this permission to photograph and to use and publish the photo(s) that include my image, I also give my consent for its use of the photograph(s) in any of its media. I grant to UA any rights that I might have under the copyright laws with respect to the photograph(s), including the right to copyright and register its copyright; to make, use and publish reproductions of them for purposes of art, advertising, trade or any other lawful purpose. I waive any right that I may have to inspect and/or approve the finished product in which they may be utilized. I agree that the photograph(s), including negative images as well as prints in positive format, or any other presentation of the image, are the property of UA. I grant to UA any right of ownership that I may have in the photograph(s).

By signing this release, I intend to release and discharge UA from any and all claims that I may have, and to agree to save harmless and to defend UA from liability arising from claims or litigation arising from its photographing of me, its use of the photograph(s) in any of its media, including the risk of negligence in its use of, or production of, or reproduction of the photograph(s), including the risk of blurring, distortion or faulty image.

Printed Name _____

Signature _____ Date _____

Address _____ Phone _____

City _____ Zip _____

Signature of parent or guardian (if minor) _____

MODEL RELEASE