Republic of the Philippines
Department of Education
REGION I – ILOCOS REGION
SCHOOLS DIVISION OF ILOCOS SUR
NARVACAN NATIONAL CENTRAL HIGH SCHOOL

Official Faculty Consent and Authorization Form

I. Teacher INFORMATION

Full Name: _____
Department / Subject Area: _____
Contact Number / E-mail Address: _____

II. STUDENT CONTESTANT INFORMATION

Full Name: _____
Grade Level and Section: _____

III. ACKNOWLEDGMENT AND CONSENT

I, **_____,** hereby grant official permission to _____ to impersonate my likeness, signature style, and mannerisms in the upcoming **Teacher Ka-Look-Alike Competition**.

By executing this document, I acknowledge and agree to the following terms:

1. **Purpose and Decorum:** I have been formally informed of the participant's intent to portray me as an expression of respect, tribute, and gratitude. I understand that all portrayals are bound by school decorum and must remain respectful, appropriate, and non-defamatory.
2. **Media and Photographic Authorization:** I authorize the selection and submission of a side-by-side comparative photograph (set in Portrait orientation, A4 size format) for evaluation by the board of judges and for display during official event proceedings.
3. **Institutional Oversight:** I acknowledge that the event organizing committee reserves the right to review all performances and materials to ensure compliance with school regulations and ethical standards.

_____
Signature over Printed Name of Teacher
Date: _____

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