

KZME / MetroEast Community Media
Authorization of Use Form

I, _____ (*print name*), am representing
_____ (*print name of band*)

in signing the artist release form document for KZME radio and MetroEast
Community Media on _____ (*insert date*).

Name of Cd/Album(s):

Exceptions:

_____ Check here if this applies to all future submissions. By doing so it eliminates
the need to complete this form with any additional music you may submit to KZME /
MetroEast Community Media.

Please mail to:

KZME Radio
Attn: Music Dept.
829 NE 8th Street
Gresham, OR 97030