

PLEASE COMPLETE THE TOP HIGHLIGHTED SECTION ONLY

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

Consent for a Student:

- Name _____ School _____
- Student Signature (if over 18) _____ Date _____
- Student Address _____

and Parent/Guardian:

- Name _____
- Signature of Parent/Guardian
(if student is under 18) _____ Date _____
- Parent/Guardian Address _____

Consent for a: (check one) _____ Parent/Guardian or _____ Family Member participating:

- Name _____
- Signature _____ Date _____
- Address _____

Consent for a: (check one) _____ Teacher or _____ Teaching Artist:

- Name _____
- School _____ Organization _____
- Signature _____ Date _____
- Address _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the named above by _____ The Office of Arts and Special Projects, NYC DOE _____.

I also grant to _____ The Office of Arts and Special Projects, NYC DOE _____ the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Please complete all required information, SIGNATURE and DATE