CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT EDUCATIONAL USE

Student Name:	School:	
photographs, movies or vide		quotes, student name, and the taking of oy for
to edit, use, and reuse said	products for nonprofit educationa	partment of Education the perpetual right all purposes including archival use, use in ng posting on social media platforms (e.g.,
•	•	Department of Education, and their agents soever in connection with the above.
I understand that I will rece	ive no compensation in connectio	on with the uses authorized in this consent.
Signature of Parent/Guardia	an (if Student is under 18):	
Date:		
Address of Parent/Guardian	:	
OR		
Signature of Student (if 18 c		Date: