

Chester County Intermediate Unit Press/Photo/Video Release Form

Dear Parent/Guardian(s),

The Chester County Intermediate Unit Board of Directors safeguards the privacy of its students as provided under federal and state law and obtains all necessary permissions before releasing student information, and is therefore requesting permission to photograph/videotape your child/ward and to identify him/her as stated below.

Student Name:	CCIU Program Name:
Teacher:	
I hereby grant the Chester County Intermediate Unit Bovideo my child and to publish his/her photograph/vide awareness of the programs and services provided by the Further, I understand that my child's right to privacy is part under no obligation to allow him/her to be photog	eo/name so that the public has a greater he Chester County Intermediate Unit. protected by federal and state law and that I
Parent/Guardian Name (Print):	I grant permission to photograph/ video my child and identify him/her by name and educational program
Parent/Guardian Signature:	in print (brochures, annual report, calendar, general news, publications, etc.) and web-based media (including social media).
Date:	I do not grant permission to photograph/video my child.



The Chester County Intermediate Unit will not discriminate in employment, educational programs or activities based on race, color, religion, national origin, age, sex, disability, marital status or because a person is a disabled veteran or a veteran of the Vietnam era. Reasonable accommodations will be provided for employees and program participants who are disabled. For information regarding civil rights or grievance procedures, contact Maureen Linahan, Title IX and Section 504 coordinator, at (484) 237-5086/DeafRelay@cciu.org; or in writing at the Chester County Intermediate Unit, 455 Boot Road, Downingtown, PA 19335.