

[Insert Logo] **Press/Photo/Video Permission/Release**

(This form must be completed in its entirety.)

Student's Name:

IU Program (if this is for an IU program):

School:

School District:

Teacher's Name:

Teacher's Daytime Phone Number:

Parents'/Guardians' Names:

Student's Home Address:

I hereby grant the [organization name] Board of

Directors permission to photograph/video my child

and to publish his/her photograph/video/name so that

the public has a greater understanding and awareness of

the programs and services provided by the [organization

name].

Further, I understand that my child's right to privacy is

protected by state and federal law and that I am under

no obligation to allow him/her to be photographed or

to appear in a video.

Please check one:

I grant permission to photograph/video my child and identify him/her by name and educational program in print and web-based media.

I do not grant permission to photograph/video my child.

Parent/Guardian's Signature:

Date:

Insert organization logo and EOE statement here.

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