



**THE NEW YORK CITY DEPARTMENT OF EDUCATION**  
JOEL I. KLEIN, *Chancellor*

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

(e.g.: educational, public service or health awareness purposes)

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the participation  
(Parent or Guardian's Name)  
in interviews, the use of quotes, and the taking of photographs, movies or video tapes of  
my son/daughter and his/her school-related work by \_\_\_\_\_.

I also grant to \_\_\_\_\_ the right to edit, use and reuse  
said products for non-profit purposes. 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.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address of Parent/Guardian)