



THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DISTRICT 75
BONNIE BROWN, *SUPERINTENDENT*

District 75-Citywide Programs
400 First Avenue/Office of Instruction
New York, NY 10010

PERMISSION TO PHOTOGRAPH AND/OR RECORD

NAME _____

ADDRESS _____

SCHOOL _____

DATE _____

I understand that the images, film, videotape, audio recording, music and/or artwork in which I am participating is being produced by the New York City Department of Education. I hereby acknowledge that my participation may be edited and used in whole or in part as desired, and may be reproduced, duplicated, distributed and used for non-theatrical audiovisual exhibition in schools, colleges, public institutions and other institutions where admission charge is not specifically made, and for general education and public information purposes, without restriction. I also consent to the use of my likeness and voice for information purposes in connection with the images, film, videotape or music recording.

SIGNATURE _____

IF THE PERSON IS UNDER 18 YEARS OF AGE, THIS RELEASE MUST BE SIGNED BY THE PARENT OR GUARDIAN:

NAME OF PARENT OR GUARDIAN _____

(Please Print)

SIGNATURE _____

DATE _____