



**Consent to Photograph, film, or videotape a student for non-profit use
(e.g. educational, public service, or health awareness purposes)**

Student Name: _____

School he/she attends: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by _____.

I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. For student protection online, a student's photo and last name will not appear together on school website.

Please complete the section below and return the form to Stay and Play, Reformation Schools, Inc. Thank you for your cooperation.

Please check one:

- I give permission for my child to be photographed and interviewed and permission to have my child's name used. Only first names will be used on a school or District webpage if a photograph of that student is also displayed on the webpage.
- I give permission for my child to be photographed, but **do not** want my child's name used.
- I **do not** want my child photographed or interviewed and do not want his or her name used.

Signature of Parent/Guardian: _____ Date: _____

Address of Parent/Guardian: _____
