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CONSENT FORM

I, \_\_\_\_\_, give my consent for my child, or me (if over 18yrs old) (student name): \_\_\_\_\_, to be filmed, videotaped and/or photographed on film or electronic media as he or she attends his or her school.

The resulting pictures, tapes, films and/or programs are designed to help educators across the city improve instruction. The work produced will be used for not-for-profit educational purposes only. I also give permission for these materials to be used in the future in any and all media.

I realize that my child's participation in this project is on a voluntary basis and that he or she is not required to participate. I further understand that my child shall receive no compensation.

Further, I grant and release to The New York City Department of Education any and all rights, title, and interest I or my child might have in said products or reproductions of it.

\_\_\_\_\_  
Child's Name (Please print.)

\_\_\_\_\_  
Parent or Guardian Name (Please print.)

\_\_\_\_\_  
Signature (Please print.)

\_\_\_\_\_  
Date

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number:

\_\_\_\_\_