Eastern Suffolk BOCES
Educational Services That Transform Lives

Consent for Use of Student Photograph, Audio, and Video in ESBOCES Print and Electronic Media

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

If the student named below is 18 years of age or older, the student may complete and sign this form and return it to his/her teacher.

If the student named below is under 18 years of age, this form must be completed and signed by the student's parent/person in parental relation and returned to the student's teacher.

Current School Year 20 - 20 Name of Student _____

Building _____

Summary: Eastern Suffolk BOCES takes photographic, audio, and video footage of students for the purpose of informing various constituents about the activities, programs, and objectives of ESBOCES, as well as for promoting the achievements of students and staff.

ESBOCES may use this footage in both print and electronic media, including, but not limited to, newsletters, bulletin board displays, the ESBOCES website, and ESBOCES social media sites, as well as any and all media used for educational student and staff training and related purposes, and to inform the public via news media outlets.

☐ I give consent for photographic, audio, and video footage of the above-named student to be obtained and utilized as indicated above. This consent will remain valid for all perpetuity unless ESBOCES receives written instructions advising otherwise from the parent/person in parental relation or student 18 years of age or older.

☐ I do not give consent.

_____	_____	/ /20
Authorized Signature	Print Name	Date

Indicate relationship to student: ☐ Parent/Person in Parental Relation ☐ Self ***(if over age 18)***