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)