

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

(e.g. educational, public service, or health awareness purposes)

Name of Student:			
		I hereby release the New York City Department of E from all claims, demands, and liabilities whatsoever	
		Signature of Parent of Guardian	Date
		Email Address	<u>-</u>
		Phone Number	
Address of Parent/Guardian			