

VIDEOGRAPHY / PHOTOGRAPHY CONSENT FORM

| Student Information | |
|---------------------|-----------|
| First Name | Last Name |
| | |
| | |
| School Name | |

| Guardian Information | | |
|------------------------------|-----------------------------|-------------------------|
| Parent / Guardian First Name | Parent / Guardian Last Name | Relationship to student |
| | | |
| | | |
| Phone Number | Email Address | |
| | | |

I grant permission for the above named institution to use my child's photograph/video in the marketing of the institution in print and social media.

Signature Date:

Signature: