Office of Communications and Media Relations
52 Chambers Street, New York, NY 10007
Tel: 212.374.5141 Fax: 212.374.5584

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

2017-2018

Print Student Name: _____ School: **P721Q John F. Kennedy Jr. School**

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the Student named above by **P721Q John F. Kennedy Jr. School**.

I also grant to **P721Q John F. Kennedy Jr. School**, the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Pictures would be exclusively used for instructional and remembrance purposes. Your permission is necessary for your son/daughter to be photographed in any way.

Please check the box(es) you APPROVE of:

☐ P721Q John F. Kennedy Jr. School **Website**

☐ P721Q John F. Kennedy Jr. School **Twitter**

☐ Pictures (including class photos, yearbook, school events, district events, and worksites)

☐ Videos (including class photos, yearbook, school events, district events, and worksites)

☐ **No, I do not wish my child to be photographed or videotaped.**

A newspaper, magazine, or television company may contact the school to do a story and request to take a photo. Would you like your child to be photographed by any type of media?
Yes _____ No_____

Parent/Guardian Signature: _____ Date: _____