



Office of Communications and Media Relations
 52 Chambers Street, New York, NY 10007
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Department of
 Education

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

Student Name: _____

School: PS 24, The Spuyten Duyvil School

660 West 236th Street

Bronx, NY, 10463

www.ps24school.org

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by PS 24 and all its agents (Parents Association and others invited to PS 24).

I also grant to PS 24 and its agents the right to edit, use, and reuse said products for non-profit 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.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Child's Class: _____

Address of Parent/Guardian: _____

Phone #: _____

Email: _____

**Teachers, please return filled out forms to the PA mail basket in the main office as soon as possible.
 Thank you!**