



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)

Student Name: \_\_\_\_\_ School: P.S. 184M, Shuang Wen School Class: \_\_\_\_\_

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 P.S. 184M, Shuang Wen School

I also grant to P.S. 184M, Shuang Wen School 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: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

**OR**

Signature of Student (if 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

Address of Student: \_\_\_\_\_



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出於非牟利目的為學生攝影、錄影或錄像同意書  
(例如：出於教育、公共服務或健康意識等目的)

學生姓名：\_\_\_\_\_ 學校： 公立一八四中小學雙文學校 班級： \_\_\_\_\_

我特此准許 雙文學校 採訪上述的學生、引用該學生說的話、並給該學生攝影、錄影或錄像。另外，我也准許 雙文學校 出於非牟利的目的編輯、使用及重復使用以上所述材料，包括：製成印刷品、在互聯網上使用以及以其他所有媒體形式使用。此外，我謹此豁免紐約市教育局及其代理人和工作人員承擔任何與上述情況相關的索賠、要求和責任。

家長/監護人簽名（如果學生未滿 18 歲）： \_\_\_\_\_ 日期： \_\_\_\_\_

家長/監護人住址： \_\_\_\_\_

或

學生簽名（如果滿 18 歲）： \_\_\_\_\_ 日期： \_\_\_\_\_

學生地址： \_\_\_\_\_