

SOUTHERN WESTCHESTER BOCES
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
CENTER FOR SPECIAL SERVICES

Dear Parents/Guardians:

Please sign if we may use your child's photograph/video in BOCES publications.

PHOTOGRAPH/VIDEO CONSENT
FORM

I hereby consent to having my child's photograph/video taken by Southern Westchester BOCES to illustrate a service or program which Southern Westchester BOCES provides. I understand that such photograph(s)/video(s) may be used in BOCES publications and/or publications regarding these services or programs.

STUDENT NAME (Please Print)

PARENT/GUARDIAN NAME (Please Print)

PARENT/GUARDIAN SIGNATURE

DATE