Publication Consent Form

Dear Parent/Guardian:

At some time during the school year, school/district personnel or other district-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness purposes.

Consistent with district past practice, a photograph of an individual student may be released to others and/or reproduced in school yearbooks and other publications as long as the parent or adult student has not submitted written notice indicating that they do not wish photographs of the student to be released.

This form covers permission for the district to record and use the image, voice, or work of the student (photographed, filmed, taped, digitally recorded, or copied/reproduced in any medium) for public awareness purposes, including publication on the district’s web site, publications or social media.

Once signed and dated, this form shall remain in effect for your child’s enrollment at Passaic County Technical Institute. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the principal in writing of your request.

__________________________________________________
Student’s Name (Please print first and last name)

☐ Yes – As parent/guardian of the student named above, I give Passaic County Technical Institute School District permission to release my child’s name, photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

☐ No – As parent/guardian of the student named above, I do not give Passaic County Technical Institute School District permission to release my child’s name, photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent/Guardian (Please Print) __________________________________________________________

______________________________________   ____________________________
Parent/Guardian’s Signature               Date