



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF COMMUNICATION
ROOM 124 EDUCATION BUILDING
(518) 474-1201
(518) 473-2977

I, _____, individually, and as a parent or guardian of
Name of Adult
_____, a minor, authorize the New York State Board of Regents
Name of Child
and the New York State Education Department (collectively "the Department") to take and use
visual/audio images of my child. Visual/audio images are any type of recording, including
photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips,
accompanying written descriptions, and/or any other type of media now or hereafter known.

The Department may use and/or authorize the use of my child's video/audio images and/or
my child's name in any manner or media without notifying me -- such as but not limited to,
websites, publications, presentations, exhibitions, broadcasts, advertisements and/or posters. I
waive any right to inspect or approve the finished images, prints, or any electronic matter that may
be used with them. I agree that all visual/audio images connected therewith are and shall remain
the property of the Department. I release the Department, its employees, officers, trustees,
administrators, successors and assigns from any claims, damages, or liabilities which I may ever
have in connection with the taking of or use of my child's visual/audio images and/or my child's
name. I have read this release before signing it. I understand its content and I freely accept its
terms.

Signature: _____

Date: _____

ADDRESS:			
Street:			
City, State:		Zip Code:	
Telephone:			