



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: \_\_\_\_\_

<b>ADDRESS:</b>			
Street:			
City, State:		Zip Code:	
Telephone:			