|  |
| --- |
|  |

 **DELAWARE**

#  DEPARTMENT OF EDUCATION

##

## Parental Authorization

**Please check one:**

**\_\_\_\_\_** I hereby grant the Delaware Department of Education permission to use

 ’s (please insert student’s FULL name)

picture for publication purposes only.

 *I release and indemnify the Delaware Department of Education from and*

*against any claims or causes of action that I or my child may have against the*

*Department of Education, invasion of my child’s right of privacy, or any other manner*

*in any way connected with the use or publication of the photographs taken by the*

*Department of Education.*

\_\_\_\_\_ I do not wish to grant permission to the Delaware Department of Education

to use my child’s picture for publication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s printed name and relationship to above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If in high school, signature of student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s printed name