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**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.

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Parent/Guardian’s signature Date

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Parent/Guardian’s printed name and relationship to above

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If in high school, signature of student Date

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Student’s printed name