

CUYAHOGA VALLEY CAREER CENTER

Photo/Image Release Permission

Student's Name: _____ Date of Birth: _____

Home Address: _____

Phone Number: _____

Home School District: _____ AM or PM: _____

CVCC Program Enrolled In: _____

Teacher: _____

FOR PUBLICATION, WEB SITE POSTING, ELECTRONIC TRANSMISSION & DIGITAL IMAGE

I authorize the Cuyahoga Valley Career Center (CVCC) Board of Education, its officials, employees, agents, etc., to consider a picture of this student as "directory information" and to utilize, release and/or publish this student's picture. Use of published photo will be limited to school-related purposes.

Furthermore, I grant permission for CVCC to electronically transmit this student's picture/class work to be used in any or all of the following methods: website, video-conferencing sessions, CVCC intranet, digital videography projects and/or school-related web cams. Use of posting on the Internet will be limited to school-related purposes. (Typical uses include student awards and recognition and participation in student activities.) ***If student is age 18 or over, only the student needs to sign the form, parent does not. If under 18, signatures are needed from BOTH student and parent/legal guardian.***

YOU MUST CHECK YES OR NO.

STUDENTS: If you don't SIGN YOUR NAME, it's an automatic "YES."

YES _____

NO _____

Student Signature

Parent/Guardian Signature

Date

Image will be used on a perpetual basis.