

Office of Communications and Media Relations

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CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

(e.g. educational, public service, or health awareness purposes)

Student Name:	School:
	he use of quotes, and the taking of photographs, movies or video tapes
I also grant to	the right to edit, use, and reuse said products for
	s internet, and all other forms of media. I also hereby release the News and employees from all claims, demands, and liabilities whatsoever
in connection with the above.	
Signature of Parent/Guardian (if Student is under 18)):Date:
Address of Parent/Guardian:	
<u>OR</u>	
Signature of Student (if 18 or over): Address of Student:	Date: