

## School Photograph/Video/Interview Permission Form For SVCTE students

Student Full Name	Student's High School:
SVCTE Class:	AM or PM (circle one)
Dear Parent/Guardian:	
Education District programs must have writer or comments. In order to preserve to interviewers/photographers/videographers students. Such precautions may include, be not identifying photos with student name quoting students.  I,	uidelines: All students under age 18 enrolled in Metropolitan itten permission on file prior to release of photographs, videos, he students' rights, we may, in some instances, require to take special precautions to preserve the identity of the ut are not limited to, obscuring the image of the student's face, es, and not using student's name or only first names when parent/guardian of(Student name—please print)  OR do not give permission for my student to be
	ewed by representatives from the media, the Metropolitan
	echnical Education, or other education-related groups for the
purpose of publicizing SVCTE programs, d	development of educational materials, or reporting on events of
community interest; this includes on the Di	strict's website, publications and social media. I fully relinquish
rights or interests in any film, audio or phot	ographs which may be used for any legitimate purpose.
Parent/Guardian Signature	Date
If you are a student over 18 and rece box, sign here, and return the form to	eived this form from your instructor, please check the o your instructor:
☐ I do give my permission	☐ I do not give my permission
Student Signature	Date Date