



School Based Youth Services Program at Warren Hills Regional School District
41 Jackson Valley Road, Washington, NJ 07882
Phone (908) 835-3350 ext. 3617
Fax (908) 689-5801

Consent to Photograph and Publish

We are presenting you with this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the School Based Youth Services web site and social media (e.g. Facebook, Snapchat, and Instagram) as well as local newspaper.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on the web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we at School Based do want to celebrate your child and his or her work.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, and the locations and time of SBYSP trips and activities.

If you, as a parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the School Based director (at the address above) and such rescission will take effect upon the receipt by the School Based Youth Services Program. Please be certain to date your request.

Check one of the following choices:

_____ I/We GRANT permission for this student's **image and name** to be published on the School Based Youth Services website/social media as well as school and local newspapers.

_____ I/We GRANT permission for this student's **name but not image** to be published on the School Based Youth Services website/social media as well as school and local newspapers.

_____ I/We GRANT permission for this student's **image without name** to be published on the School Based Youth Services website/social media as well as school and local newspapers.

_____ I/We **DO NOT** GRANT permission for photographs that include this student to be published on the School Based Youth Services website/social media or the school and local newspapers.

Student's Name (print) _____ Student's Grade _____

Name of Parent/Guardian (Print) _____

Signature of Parent /Guardian _____ Date _____

Relationship to Student _____