

**General Media Release**

Student: \_\_\_\_\_ Nassau BOCES program: \_\_\_\_\_

School district: \_\_\_\_\_

*(Please PRINT clearly.)*

**(For those under age 18)**

The Nassau BOCES Communications Office publishes newsletters, calendars, Web sites, press releases and other materials that often highlight the students and programs in our schools.

I consent for interviews, audio recordings, photographs, videotapes or other transmissions of any kind of me/my child or that include or identify me/my child to be taken and used by Nassau BOCES for public relations, educational or other purposes, including but not limited to use on the Nassau BOCES Web site and social media sites, in calendars, newsletters and press releases, or shared with outside news media. I further agree that these materials shall become the property of Nassau BOCES. I waive any right to inspect or approve the finished products or subsequent usages and hereby release and discharge Nassau BOCES and its representatives from any and all claims and demands arising out of or in connection with this consent and release and from the use at any time of such interviews, audio recordings, photographs, images, likenesses, videotapes or other electronic or other transmissions of any kind.

- I do consent       I do not consent

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**Outside News Media Release**

Periodically, outside news media representatives (Newsday, News 12, etc.) request permission to do a feature or news story about one of our programs. Photographs and/or videos often accompany such articles for print or broadcast purposes.

I consent for interviews, audio recordings, photographs, videotapes or other transmissions of any kind of me/my child or that include or identify me/my child to be taken and used by outside news media representatives for press, media print or broadcast purposes. I further agree that these materials shall become the property of the applicable media agency and I hereby release and discharge Nassau BOCES and its representatives from any and all claims that may arise from the taking and use at any time of such interviews, photographs, videotapes or other electronic or other transmissions of any kind.

- I do consent       I do not consent

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

cc: Student file, Communications Office