



United Federation of Teachers
A Union of Professionals

CONSENT TO NAME, PHOTOGRAPH, FILM OR VIDEOTAPE
A STUDENT FOR NON-PROFIT USE
(e.g.: educational, public service or health awareness purposes)

Name of Student: _____

School: _____ Class: _____

I, _____, hereby consent to the participation in interviews,
(Parent or Guardian's name)

the use of quotes, and the taking of photographs, movies or video tapes of my son/daughter and his/her school-related work by the United Federation of Teachers. I also grant to the United Federation of Teachers the right to edit, use and reuse said products for non-profit purposes. I also hereby release the United Federation of Teachers and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

(Signature of Parent/Guardian)

(Date)

(Address of Parent/Guardian)

*Please return this form to your UFT chapter leader or the event organizer who gave you this form.
Otherwise, fax it to the UFT at 212-529-8924, attention: UFT photo coordinator.*