PARENTAL CONSENT

I ____________________________________________ I _____________________________________________
the parent and/or legal guardian of ____________________________________________ (“Student”), a student enrolled at _______________________________, a New York City public school.

I understand that the New York Teacher is the official membership newspaper of the United Federation of Teachers, Local 2, AFT, AFL-CIO (the “UFT”). I further understand that the New York Teacher is available to all members of the school community, is distributed, among other ways, by mail to the homes of all UFT members and is accessible on a website that is open to the generable public. The New York Teacher’s articles may also be picked up by and further circulated by other news organizations.

I hereby authorize and freely consent to the New York Teacher publishing an article (the “Article”) identifying Student by name and referring to Student as a student with disability and/or as a participant in a program for students with disabilities.

I also hereby authorize and freely consent to Student being photographed by a photographer from the New York Teacher and to the New York Teacher using such photographs as part of the Article or a related photo gallery.

I hereby release and forever discharge the UFT and the New York Teacher, and their officers, employees representatives and agents from all causes of action, claims, demands and liabilities whatsoever in connection with the Article.

I understand and agree that consent to the New York Teacher publishing the Article and photographing Student are entirely voluntarily. I further understand and agree that my refusal to grant consent will have no effect on Student’s education nor will my granting consent have any effect on Student’s education.

I further understand and agree that neither the Student nor I will receive any compensation of any kind for student being featured in the Article.

_________________________________________  _____________________________________________
Parent Signature Date

_________________________________________
Print Name

Parent of _____________________________________________