



## CONSENT TO PHOTOGRAPH, FILM, OR SOCIAL MEDIA USE OF A STUDENT FOR NON-PROFIT USE

**REGIONAL CENTER** 

SOUTH

(e.g. educational, public service, or deaf-awareness purposes)

STUDENT NAME:\_\_\_\_\_

SCHOOL:

AGE: \_\_\_\_\_

I hereby consent to the participation in being photographed, filmed, and/or Facebook live feed during the *College and Career Readiness Training* for educational purposes only by <u>Gallaudet University Regional Center – South.</u>

I also grant <u>Gallaudet University Regional Center – South</u> the right to edit, use, and reuse media for non-profit uses such as print for newsletters, promotional material, and social media.

STUDENT SIGNATURE:

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN EMAIL:

DATE: \_\_\_\_\_

OR

STUDENT SIGNATURE (if over 18): \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_