

**PHOTO RELEASE FORM**

As the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s full name), I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student teacher) to use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s\_ (child’s full name) photograph /video / image in a professional portfolio. Names will not be used.

This permission is good for a period of five years. I understand the photos will be deleted at that time unless I am contacted again.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Signature Contact number

\_\_\_\_\_\_\_\_\_\_\_\_\_

Date