

Pathways Photo/Video release

I, the undersigned, \_\_\_\_\_ do hereby consent and agree that the Adult Transition Program has the right to take photographs or digital recordings of the students indicated below and to use these for the purposes selected.

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Check all that apply:

- Pathways Website Photo
- Pathways Website Video
- Pathways Brochure
- District Communication
- Student teaching as part of a university teacher training program

Parent/Guardian signature: \_\_\_\_\_