



# Mount Vernon City School District

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## CONSENT TO PHOTOGRAPH, FILM, TAPE AND INTERVIEW A STUDENT FOR NON-PROFIT USE (e.g., Educational, Public Service, or Health Awareness Purposes)

Name of Student (or Staff): \_\_\_\_\_

School: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and taking of photographs, movies or video recordings of the Student (or Staff) named above by the Mount Vernon City School District and approved media entities (namely: Newspapers, Magazines, Television, Internet and Video producers).

I also grant to the Mount Vernon City School District and approved media entities the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Mount Vernon City School District and its agents and employees from all claims, demands and liabilities whatsoever in connection with the above.

### Signature of Parent/Guardian

(if Student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_

### OR

### Signature of Student

(if Student is 18 or OVER) or Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_