

Consent to be Photographed

I am the parent/guardian of the following child: _____ I give my consent for Centennial BOCES High School to photograph myself and my child. I understand such photographs may be used for educational purposes only. I also understand that such photographs, as well as our identities, may be published, and I waive any rights under applicable state or federal law to object to such publication. I further understand that I may revoke this consent at any time by providing a written or verbal notice to Centennial BOCES High School.

Parent Signature

Date

