

CHAPTER ADVISOR SHOULD KEEP ORIGINAL



## PHOTO RELEASE FORM

### Parental Authorization

**Please check one:**

\_\_\_\_\_ I hereby grant the Delaware Department of Education permission to use

\_\_\_\_\_’s (please insert student’s FULL name)  
picture for publication purposes only.

*I release and indemnify the Delaware Department of Education from and against any claims or causes of action that I or my child may have against the Department of Education, invasion of my child’s right of privacy, or any other manner in any way connected with the use or publication of the photographs taken by the Department of Education.*

\_\_\_\_\_ I do not wish to grant permission to the Delaware Department of Education to use my child’s picture for publication.

\_\_\_\_\_  
Parent/Guardian’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian’s printed name and relationship to above

\_\_\_\_\_  
If in High School, signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s printed name & school