

CHAPTER ADVISOR SHOULD KEEP ORIGINAL
Send Advisor Certification & Sign-Off to State Office Only



**DELAWARE
DEPARTMENT OF EDUCATION**

**Photo Release
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.

_____ Date
Parent/Guardian’s signature

_____ Parent/Guardian’s printed name and relationship to above

Signature of student

Date

Student's printed name