

Dear Parent/Guardian:

The Livingston Educational Service Agency requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to:

1. Train teachers and classroom teams - to improve educational outcomes for students in their care.
2. Increase public awareness - through the use of mass media, displays, brochures, websites, etc.
3. Inform stakeholders (Board of Education; community agencies, etc.) by promoting the continuation and improvement of education.

Name of Student (*please print*):

Date of Birth:

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Last Name*

Name of Parent / Guardian (*please print*):

\_\_\_\_\_

I, as a parent or guardian of the above named pupil, fully authorize and grant the Livingston Educational Service Agency and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed (known as "recordings"), for the purposes stated or related to the above.

By providing my signature below, I acknowledge I have read, understand, and give my voluntary consent.

**Optional:**

I reserve the right to preview pictures and or videos taken of my student prior to other individuals being able to view them.

**Electronic Signature Agreement:** By selecting the "I Accept" button, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document. You further agree that your signature on this document is as valid as if you signed the document in writing.  **I Accept.**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_  
[mm/dd/yyyy]