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CONSENT FORM

I, _____, give my consent to be photographed, filmed, and/or videotaped as I perform my professional duties in my school.

The resulting pictures, tapes, films, and/or programs are designed to help educators across the city improve instruction. The work produced will be used for not-for-profit educational purposes only. I also give permission for these materials to be used in the future in any and all media, including and not limited to CDs and the Internet.

I realize that my participation in the photographing, filming, and/or videotaping is on a voluntary basis and that I am not required to participate. I further understand that I shall receive no compensation in connection with the work.

Further, I grant and release to The New York City Department of Education any and all rights, title, and interest I might have in said products or reproductions of it.

Name (Please print.)

Signature (Please print.)

Date

School Address:

School Phone Number:
