



Press/Photo/Video Permission/Release

(This form must be completed in its entirety.)

Student's Name:

IU Program:

School:

School District:

IU Teacher's Name:

Teacher's Daytime Phone Number:

Parents'/Guardians' Names:

Student's Home Address:

I hereby grant the Chester County Intermediate Unit Board of Directors permission to photograph/video my child and to publish his/her photograph/video/name so that the public has a greater understanding and awareness of the programs and services provided by the Chester County Intermediate Unit.

Further, I understand that my child's right to privacy is protected by state and federal law and that I am under no obligation to allow him/her to be photographed or to appear in a video.

Please check one:

I grant permission to photograph/video my child and identify him/her by name and educational program in print and web-based media.

I do not grant permission to photograph/video my child.

Parent/Guardian's Signature:

Date:



The Chester County Intermediate Unit will not discriminate in employment, educational programs or activities based on race, color, religion, national origin, age, sex, disability, marital status or because a person is a disabled veteran or a veteran of the Vietnam era. Reasonable accommodations will be provided for employees and program participants who are disabled. For information regarding civil rights or grievance procedures, contact Maureen Linahan, Title IX and Section 504 coordinator, at (484) 237-5086/DeafRelay@cciu.org; or in writing at the Chester County Intermediate Unit, 455 Boot Road, Downingtown, PA 19335.