



Media Consent for NYC Public Schools Use

Student Name: _____

Student ID Number: _____

Date of Birth: _____

School: _____

By signing below, I give permission to New York City Public Schools (NYCPS) and members of the press at NYCPS events to interview, photograph, and record audio and video of the student named above (the “Student”) and to publish the Student’s name, image, and likeness, including any photographs, audio recordings, and video recordings in print, on broadcasts, in online spaces (including websites and social media accounts), on apps, and all other forms of media. I understand that when NYCPS hosts a public event, some attendees may take their own photographs, videos, and audio at the event that capture me or my child, and that these photographs, videos, and audio may be made public.

By signing below, I also release NYCPS from all claims, demands, and liabilities in connection with the above consent.

If Student is Under Age 18:

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Date: _____

If Student is Age 18 or Over (form must be signed by Student):

Name of Student: _____

Signature of Student: _____

Date: _____