



## Media Consent for Third-Party, Non-Profit Use

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

By signing below, I give permission to the third party described below (the "Third Party") 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 videos (the "Recordings") for the non-profit purpose described below. I understand that the Third Party may not use the Recordings for commercial purposes.

By signing below I also release New York City Public Schools, its agents, and its employees from all claims, demands, and liabilities in connection with the rights granted above.

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: \_\_\_\_\_

### To Be Completed by School or NYCPS Office

Third Party: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Information (email/phone): \_\_\_\_\_

Non-Profit Purpose (including where and when Recordings will be shared): \_\_\_\_\_

\_\_\_\_\_