

# Permission Form for Publicity Purposes

(This form is intended for students **OVER** the age of 18)



I, \_\_\_\_\_ ,  
(Name of Student)

a student at Dutchess BOCES, hereby give my permission for my photograph and name to appear on the Website, **www.dcboces.org**, in the Dutchess BOCES newsletter and calendar, social media networks (e.g. Facebook), Dutchess BOCES brochures and/or other publications, school yearbook, local newspapers, videotaped recordings of student activities during the school day and after-school which may be broadcast and televised on local radio and/or television stations, on a non-paid basis. I understand that my name may or may not be mentioned and my voice, likeness, statements, actions or other information may be used in such recordings. The same applies to any interviews conducted for broadcast by local television or radio media.

I release Dutchess BOCES, its officers, employees and agents, from any and all claims, demands, actions, causes of action, suits, damages and judgments as a result of the use of the above information about me in the publications and/or media broadcasts described above while enrolled at Dutchess BOCES.

I am over the age of 18, have read the above information, I understand the conditions of the above agreement and will be bound by its terms on my own behalf.

**Please print your name here** \_\_\_\_\_ **and sign below:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dutchess BOCES Course(s) or Program \_\_\_\_\_

Teacher(s) \_\_\_\_\_

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**If you do not wish to have this information used by Dutchess BOCES in the manner described above, please complete this section:**

I, \_\_\_\_\_ ,  
(Name of Student)

**DO NOT WANT** the types of information described above regarding me given to the local newspapers, used in Dutchess BOCES publications, the Dutchess BOCES Web site, social media networks, the yearbook, or by local television and/or radio stations while enrolled at Dutchess BOCES.

**PPlease print your name here** \_\_\_\_\_ **and sign below:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dutchess BOCES Course(s) or Program \_\_\_\_\_

Teacher(s) \_\_\_\_\_

## **PLEASE RETURN THIS FORM TO YOUR TEACHER**

OFFICE OF COMMUNICATIONS AND GRANTS RESEARCH

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