
Photo Release

I give the New York Deaf-Blind Collaborative permission to photograph and use photographs of my child for one or more of the follow reasons:

Check the ones(s) for which you give your permission.

_____ To use photographs as a tool for analyzing the instruction and education that my child receives with the purpose of giving my child’s teacher and educational staff feedback to improve their interactions with and instruction of my child. I understand that the photographs will be viewed only by the staff that works with my child and by the NYDBC project staff.

_____ To be used by the project for the training of professionals and families, on different topics in the area of deafblindness in an electronic or print format that is accessible only to those families and professionals that the project staff gives specific permission to.

_____ To use photographs of my child in a publicly accessible manner, on our website or in another electronic or print format to raise awareness of deaf-blindness in general or about specific topics in deaf-blindness such as communication or mobility.

Child’s Name:
Parent/Guardian Name:
Signature:
Address:
Phone:
Email: