



Parent/Guardian Authorization

Date: _____

Student Name: _____
Please Print

Parent/Guardian Name: _____
Please Print

Parental Permission for Use of Pictures and/or Video Clips

I give permission for my son/daughter, _____, to be videotaped or photographed as part of the effort to inform the public about School to Work Programs. I hereby release the Dane County School to Work Consortium from any liability or harm by the use of his/her image and/or voice. It is understood that no remuneration will be received.

Signature of Student _____ (Required if student is over age 18)

Signature of Parent _____ (Required if student is under age 18)

Please return this form to:

Dane County School to Work Program
4513 Vernon Blvd., Ste. 12
Madison, WI 53705