

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Griffiss Institute to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Griffiss Institute Website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Griffiss Institute setting only. This includes printed STEM Materials and the Griffiss Institute Web Site.
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Griffiss Institute for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records and mail or fax the original to:

Tracy DiMeo, Operations Coordinator
Griffiss Institute
725 Daedalian Drive, Rome NY 13441
Fax: 315-838-1699

If you have questions, contact Tracy DiMeo at 315-356-2680.