

STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
POST OFFICE BOX 94064
BATON ROUGE, LOUISIANA 70804-9064

PHOTO RELEASE FORM

I give permission for photos and/or images of my child, captured through video, photo, and digital camera, to be used in connection with Louisiana Department of Education activities. I understand that all photos and videos will become the property of the Louisiana Department of Education and will not be used for commercial gain.

These recordings will be used in educational and promotional videos, presentations, DC ROM's, newsletters, etc. I further agree that any additional reproductions may be published and distributed to the general public.

I understand and agree to the above stated conditions.

Student's Printed Name: _____

Parent/Guardian's Signature _____

Date: _____

School Name: _____

Louisiana Center for Educational Technology
2758-D Brightside Drive
Baton Rouge, Louisiana 70820