

ECEC Photograph Release



Parents/Guardians,

Please initial **one choice** regarding the photographing of your child(ren). At the ECEC we document activities and learning through photographs and would like your consent as to how they are used.

_____photos* OK for all purposes

_____print photos* for classroom display only

_____no photos*

*This applies only to photographs taken by the University and its agents. We cannot control photographs taken by third parties (including parents) whether or not the pictures are taken in the ECEC or out on the campus. We require all outside third parties (*i.e.*, non-parents) to obtain express authorization before taking any photographs when they are in the ECEC itself; however, it is impossible to eliminate entirely the possibility that photographs may be taken without our knowledge.

Signed

Child(ren)'s Name(s)

Date