

**Therapy & Learning Center**  
**PHOTOGRAPH & VIDEO CONSENT FORM**  
Tel: (718) 290-2700 Fax: (718) 290-2800

DATE: \_\_\_/\_\_\_/\_\_\_

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission to  
TLC for photographs and videos of my child \_\_\_\_\_ to  
be taken in school and displayed in the school/classroom for educational  
purposes. I understand that photographs and videos will not be used outside of  
the school or for any other purpose without my consent.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date