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PHOTO RELEASE FORM

Please complete and return this form by **March 1, 2016**

Name of student attending conference: _____

_____ I hereby grant permission to the League of Women Voters of New York State Education Foundation, Inc., to use photographs and/or videotape of the above named student in the promotion of our programs and services to funding sources, general media, and for public education. It is understood that said promotion is intended to project a positive image of the individual and of the League in general.

_____ I do not grant permission to the League of Women Voters of New York State Education Foundation to use photographs and/or videotape of the above named student.

I _____ agree/ _____ do not agree to allow this student's name to be used in publications and publicity for the conference.

PARENT/GUARDIAN SIGNATURE(S)

Name: _____ Relationship: _____

Mailing Address: _____

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Please complete and return all forms to:

Students Inside Albany Conference

c/o League of Women Voters of New York State Education Foundation, Inc. (LWVNYSEF)

62 Grand Street, Albany, NY 12207

Telephone: 518-465-4162 / Fax: 518-465-0812