# **New Jersey Cooperative Education Association**

## Mailing Address for Past President/Membership Director: Dr. Siobhan Kelly

## Camden County Technical Schools

**343 Berlin-Cross Keys Road, Sicklerville, NJ 08081**

**Parental/Guardian Photo Consent Form**

This parental consent form is to both inform you and to request permission for your child’s

photo/image and personally identifiable information to be published on the NJCEA web site, and possibly social networking sites such as Facebook, and/or organization publications.

**As you are aware, there are potential dangers associated with the posting of personally**

**identifiable information on a web site since global access to the Internet does not allow**

**us to control who may access such information. These dangers have always existed;**

**however, we as an organization do want to celebrate your child and his/her work. The law**

**requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written

consent from you as parent or guardian. Personally identifiable information includes student

names, photo or image. If you, as the parent or guardian, wish to rescind this agreement, you

may do so at any time in writing by sending a letter to the organization addressed noted above and such rescission will take effect upon receipt by NJCEA.

**Check one** of the following choices:

I/We **GRANT** permission for a photo/image that includes this student without the student

name to be published on the organization’s public Internet site and possibly social networking sites such as Facebook or in the organization publications.

I/We **GRANT** permission for this student’s photo/image and name to be published on

the organization’s public Internet site, social networking sites, or in the NJCEA publications.

I/We **DO NOT GRANT** permission for photo/image that includes this student to be

published on the organization’s public Internet site.

Student’s Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Grade: \_\_\_\_\_\_

Student’s School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Parent/Guardian: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: (please sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_