



CONSENT TO USE IMAGE(S)

I (parent/legal guardian's first and last name) _____ authorize the Louisiana State University College of Education to use photographs and audio/video recordings of my child, (child's first and last name) _____, taken during educational activities and events related to the (name of project or sponsored program) _____.

By signing this document, I consent to the college's use of these images, audio, and video in print/online communications and marketing materials.

Child in Photograph(s)
(Printed Name)

Parent/Legal Guardian of Child
(Printed Name)

Parent/Legal Guardian of Child
(Signature)

Date of Signature