



Madonna Learning Center

AUTHORIZATION FOR PHOTOGRAPH RELEASE FORM

Name of Student: _____

Name of Parent(s): _____

Address: _____

I hereby give Madonna Learning Center, Inc. my consent to photograph and/or videotape my child, _____,

check one:

- with first name only or with full name or without name

for : (check all that apply)

- Educational or informational purposes, including
- Display at fundraising events.
- Group photo of all students and trainees.
- Web site

A photocopy of this authorization is as valid as the original. I understand that this release remains current and valid for one year from the date signed or until _____. I understand that I may withdraw this consent at anytime via written request.

Date: ____/____/____

Signature of Parent/Legal Guardian

Signature of Representative of Madonna Learning Center, Inc.