

NM Public School Preschool Photo/ Videotaping Permission (Student)

Dear Family Member:

The New Mexico Public School Preschool Programs, administered by the New Mexico Public Education Department (NMPED), Early Childhood Education and Care Department (ECECD) along with the Central Region Educational Cooperative (CREC), and are asking permission to take photographs and/or video/audio recordings (virtual platforms) of your child during their time in New Mexico Public School Preschool Programs. In order to do this, we must first have parental/guardian permission to photograph or video/audio recording your child. Copies may be used by the NMPED, ECECD, CREC, and _____ in ongoing research, reports, or marketing materials to promote New Mexico Public School Preschool Programs, etc. Pictures/film of your child may be used for training purposes or in future professional publications.

For all of the above, we require your permission. **If you do not want your child's photograph, audio/visual recording taken at all, you have the option of not granting your permission or not signing this authorization form.**

Thank you for your cooperation and support.

.....
The undersigned parent or legal guardian does hereby consent for their child to be photographed or recorded, and does hereby authorize the State of New Mexico, the Central Region Educational Cooperative (CREC) and/or _____ staff to take photographs or recordings, which will be used for research, training, brochures, reports, marketing, and the like.

The undersigned does hereby release the State of New Mexico, CREC staff, and _____ from all claims for damages for libel, slander, invasion of the right of privacy, or any claims based on the use of said material. This includes compensation of any sort now or in the future, if your child's photograph or recording is used in any of the materials, including professional publications, marketing, training, reports, etc. developed by the NMPED, ECECD, CREC, and/or _____. Please check the boxes

☒ that apply.

☐ I authorize my child to be recorded and/or photographed and the use of my child's image for publication in reports, professional articles and books, professional development, and promotional/marketing materials.

☐ I do not want my child to be recorded and/or photographed.

I CERTIFY all of the following:

This form has been explained to me, and/or I have read the contents of this form, or the contents have been read to me. I understand the contents of this form and/or the explanation of the contents of this form. All blanks or statements requiring insertion or completion were filled in, and all items not applicable were stricken before I signed.

Name of Child (Please print)

Name of Parent/Guardian (Please print)

Phone Number

Signature of Parent/Guardian

Date