

Dear Family Member:

The New Mexico Pre-K Program, administered by the New Mexico Children, Youth & Families Department (CYFD) and the Public Education Department (PED) along with our Contractor, UNM Continuing Education is asking permission to take photographs and/or to videotape your child during their time in the NM PreK classroom.

In order to do this, we must first have parental/guardian permission to take photographs of or film of your child. Copies may be used by CYFD, PED or UNM-CE in ongoing research, reports, marketing materials to promote New Mexico PreK, 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 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.

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The undersigned parent or legal guardian does hereby consent for their child to be photographed or videotaped and does hereby authorize the State of New Mexico or its contractor, UNM- Continuing Education staff to take photographs or videotapes, which will be used for research, training, brochures, reports, marketing and the like.

The undersigned does hereby release the State of New Mexico or its contractor, UNM-CE staff from any and 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, in the event that your child's photograph or videotape is used in any of the aforementioned materials including professional publications, marketing, training, reports, etc. developed by NM PreK and their contractor, UNM Continuing Education.

Please check the boxes that apply.

- I authorize my child to be videotaped 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 videotaped 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)

DATE

ADDRESS

PHONE

CITY, STATE, ZIP CODE

SIGNATURE OF PARENT/GUARDIAN