



**THE NEW YORK CITY DEPARTMENT OF EDUCATION**  
JOEL I. KLEIN, *Chancellor*

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**CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR  
NON-PROFIT USE**

(e.g.: educational, public service or health awareness purposes)

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the participation  
(Parent or Guardian's Name)

in interviews, the use of quotes, and the taking of photographs, movies or video tapes of  
my son/daughter and his/her school-related work by Leon M. Goldstein HS for the Sciences.

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