NSU Child Development Lab

Photograph/Video Release Form

I, (print name) ______________________________________________, the parent or guardian of (child’s name) _________________________________________, certify that my signature being affixed below on this consent form gives permission to Child Development Lab and officials employed in the Office of News and Media Relations and/or Marketing Services at Norfolk State University the full right to use my child’s photograph(s) and/or videotaped image and sound byte in its classroom use, recruitment, public relations and promotional efforts. I willingly agree to have my child’s photograph(s), videotaped image and sound byte taken knowing that it could be used in various publications in the Commonwealth of Virginia and/or throughout the United States.

Signature of Parent/Guardian: __________________________________________________

Date _____________________________________________

Telephone Number:________________________________