Student Media Release Form

Dear Parent(s):

Your child’s picture may be included in **PAECT publications or on the PAECT website**, however, your child’s name will **NOT** be included with the picture. Please complete and return this form to your child’s advisor at your earliest convenience.

Date: 

Student Name: 

School: 

Please check:

I **do** give my permission for my child’s photo to be published on the PAECT website and PAECT publications.

_______________________________________________________
Parent/Guardian Signature

_______________________________________________________
Date

**Advisors Only:**
These forms **must be submitted BEFORE the showcase is published online.** Students who do not have a signed consent form from a parent or guardian will not be permitted to participate. Once you collect the forms from **all** of your students, you may either mail them or scan and email them to Sue Allen.

**Mail to:**
Sue Allen
865 Centerville Road
Lancaster, PA 17601

**Scan and email to:**
sue.allen@paect.org