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PHOTO RELEASE

Dear Parent or Guardian,

The school district in your community is participating the *Communities Of One* Safe Schools/Healthy Students project.

The project will be collecting photographs to use on the Safe Schools / Healthy Students (SS/HS) website, <http://safeschools.cves.org> or in written materials, such as newsletters or local newspapers. No photos of children will be used without parent/guardian permission.

Please read the photo consent below, check "Yes" or "No", sign, and return to project staff. Thank you for your time.

YES

NO

I give permission for my child's photo to be used on the Safe Schools/Healthy Students website.

I give permission for my child's photo to be used in the written materials, such as newsletters or local newspapers.

Child's Name: _____ School: _____

Parent Signature: _____ Date: _____