

Hastings High School

Photo/Video Talent Opt-Out Form

Dear Parent/Guardian:

During the course of the school year, there are times when photographs, videotapes, and/or quotes will be taken of/from students during school activities. Occasionally, the pictures may be used for such purposes as press releases about Hastings Public Schools' events, programs and/or other media purposes.

Please sign below if you do **NOT** give your consent for the Hastings Public Schools to use photographs, video tapes and/or quotes of/from

(**student name**) _____ for press releases or other media purposes.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____ **Home Phone** _____

Student Name (Print) _____

Student Signature _____ **Date** _____

Due September 15, 2017

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