

DELAWARE DEPARTMENT OF EDUCATION

Parental Authorization

Please check one:		
I hereby grant the Delaware Department	of Education pe	rmission to use
's (Please insert student's FULL name.)		
Picture for publication purposes only.		
I release and indemnify the Delaware Lagainst any claims or causes of action that I or Department of Education, invasion of my child in any way connected with the use or publication Department of Education.	my child may ha 's right of privac	we against the y, or any other manner
I do not wish to grant permission to the to use my child's picture for publication.	Delaware Depart	ment of Education
Parent/Guardian's signature.	Date	
Parent/Guardian's printed name and relationship	p to above.	
If in high school, signature of student.	Date	
Student's printed name	_	