



Florida Department of Education

# Florida Department of Education Photo and Video Release Agreement

Student Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_

School: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

With this release, I acknowledge that I have read, understood and agreed to the terms of contest entry. Additionally, I specifically grant *The Florida Department of Education* permission to use my image, voice, photo and the contents of my contest submission in video productions, print and web-based publications, and social media for non-profit, educational purposes.

Student Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

**Please place a check next to the applicable statement:**

\_\_\_\_\_ I am currently a student under the age of 18.

\_\_\_\_\_ I am currently a student 18 years of age or older.

\_\_\_\_\_ I am an adult over the age of 18.

**Please note that a parent or guardian must sign this agreement, in addition to the student, if the student is presently under the age of 18.**

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

**Please return this completed form with the link to the student's video entry via email to [Hope.Williams@fldoe.org](mailto:Hope.Williams@fldoe.org).**