



DonorsChoose.org
Teachers ask. You choose.

PHOTOGRAPHY PERMISSION SLIP

Name of Child Participant: _____

Name of Parent or Guardian (Releaser): _____

Name of Teacher: All Sequoia Middle Teachers

This teacher is seeking or has earned a grant through **DonorsChoose.org**, a nonprofit organization serving public school students. At our website, www.donorschoose.org, teachers can request resources for their students, and individual donors can choose a request they want to fund. This teacher has taken the initiative to seek funding for an activity.

As a result, this teacher's class may receive resources for one or more requested student activities. In this event, we would like to show photographs of the activities actually taking place on our website at www.DonorsChoose.org, to the donor(s) who funded the request(s) as well as other visitors to our site. Additionally, to help generate donor interest for this teacher's project(s), we would like to display a picture featuring this teacher's class on our website for potential donors to view.

Student names do not appear with photos.

With your signature below, you consent as follows:

- I am the legal parent or guardian (releaser) of the child participant named above. I hereby give permission for the participant to be photographed (with or without other classmates in a particular picture).
- I understand, agree and give permission for DonorsChoose.org to display the photographs on the DonorsChoose.org website.
- I understand, agree and give permission for DonorsChoose.org to otherwise use the photographs in promotional materials for DonorsChoose.org.

Signature of Parent or Guardian (Releaser): _____

Date _____

See our school project page:

www.DonorsChoose.org/school/Sequoia-Middle-School/4259

PLEASE RETURN THE COMPLETED, SIGNED FORM TO THE TEACHER
AS SOON AS POSSIBLE. THANK YOU.