



CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR OFFICIAL OFFICE USE

Student Name: _____ School: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by the office of Congressman Pete Olson.

I also grant to the right to edit, use, and reuse said images for official purposes including use in print, on the internet, and all other forms of media.

Signature of Parent/Guardian (if Student is under 18): _____

Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____

Date: _____

Address of Student: _____