

COPYRIGHT PERMISSION FORM

I hereby grant permission to Evergreen CSRD No. 2 Schools, on behalf of

_____ to (please check appropriate boxes):
(Name of Student)

a. record and tape my child

b. display my child's works

c. reproduce my child's work

which will be used for non-profit, educational purposes only.

Signature of Student if 18 years or older,
or Independent Student

Signature of Parent/Legal
Guardian

Date

For further information concerning the completion of this form, please contact your school principal or the Evergreen CSRD No. 2 Board Office, Box 4265 Spruce Grove, AB. T7X 2A5 Telephone 962-5627.

INTERVIEW/PHOTOGRAPHS/VIDEO CONSENT FORM

This information is collected and distributed in accordance with the *Freedom of Information and Protection of Privacy Act*, Sections 32, 33 and 37

This consent form must be used:

- ◆ when interviews are undertaken or when photos or videos are taken by the media or an outside organization and where individual students are identified by name or face.
- ◆ when photos or videos are taken by the Division where individual students are identified and the material is to be used for purposes outside the school.

I hereby give consent for _____
(Name of Student)

- to be interviewed by
 photographed by
 videotaped by
 tape recorded by

(Name of Organization or Division Department)

Purpose of the interview, photograph or videotape and what use will be made of it:

Signature of Student if 18 years or older,
or Independent Student

Signature of Parent/Legal
Guardian

Date

For further information concerning the completion of the form, please contact your school principal or the Evergreen CSRD No. 2 Board Office, Box 4265 Spruce Grove, AB. T7X 2A5 Telephone 962-5627.