



**EDUCATIONAL  
SERVICE UNIT 9**

**PARENT/GUARDIAN APPROVAL FOR USE OF  
PHOTOGRAPHS/VIDEOS FOR EDUCATIONAL PURPOSES**

ESU #9 is requesting permission from you to use your child's photograph for the reason specified below. If permission is granted, we will use the photograph or video for those purposes only.

Permission to use your child's photograph carries the assurance that the video and/or photographs will be used for the purpose of conveying to the public meaningful information about services being provided for your child and will be done with dignity.

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Permission is hereby granted to use \_\_\_\_\_'s  
(Student Name) video/photograph for:

1. Education/Community Presentations (PowerPoint video, etc.) \_\_\_\_\_
2. Print (newspaper, brochures, etc.) \_\_\_\_\_
3. Teacher/employer in-services and seminars \_\_\_\_\_
4. Educational/Community/Agency Websites \_\_\_\_\_
5. Other \_\_\_\_\_

Please indicate if there is any situation that you do not want your child's image used or identified \_\_\_\_\_

Please indicate if there is any situation that you do want your child's name identified \_\_\_\_\_

I understand that neither ESU #9 or the school district expects to gain monetarily and I/we as parents agree that I/we do not expect or request any reimbursement.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent

PO Box 2047 (68902)  
1117 E. South Street  
Hastings, NE 68901

Phn: (402) 463-5611  
Fax: (402) 463-9555

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3/2011