

The Marie Philip School  
at The Learning Center for the Deaf

**Authorization and Permission for  
Pictures and Videotaping**

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

I authorize The Marie Philip School to use a picture or videotape of my child for the purposes of brochures, newsletters, TLC Web page and other media related to the promotion of the school and its activities. When possible, I will be notified of the school's intentions to use this representation.

Yes

No

Name of Child: \_\_\_\_\_

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