



I am the parent/guardian of _____
and **give** permission for my child to be photographed/videotaped for The Ohio State University Early Head Start Program. I allow these photos and/or videos to be used for promotional purposes such as the OSU-EHS website, newspaper articles, brochures and other marketing materials. I understand that I will receive no compensation for the use or release of any photos/videos.

Parent or Legal Guardian Signature: _____

Print Name: _____

Date: _____

I am the parent/guardian of _____
and **DO NOT** give permission for my child to be photographed/videotaped for The Ohio State University Early Head Start Program.

Parent or Legal Guardian Signature: _____

Print Name: _____

Date: _____

