

RELEASE OF STUDENT INFORMATION TO B'YACHAD

By signing the permission slip below, you, as parent or legal guardian, agree that *B'Yachad* has permission to use your child's photograph, name, student work, or voice for promotional and educational purposes as well as for purposes of describing the Religious School program in which your child is enrolled.



RELEASE FORM

I, the parent/guardian of _____, will allow my child to be
Name of Student/Grade

filmed, photographed and/or interviewed by *B'Yachad* during classroom activities and school events and for my child's photograph, work, voice and/or name be utilized by *B'Yachad* for promotional and educational purposes as well as for purposes of describing the Religious School program in which your child is enrolled.

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

If you have any questions, please call Lita Katzer, *B'Yachad* Director, at (518) 438-7858 ext.118, or reach her via email: litabyachad@gmail.com.