



Queens College, CUNY
65-30 Kissena Blvd., PH 200
Queens, NY 11367-1597
718-997-4856 T
718-997-4883 F

Permission to Photograph

I give the New York Deaf-Blind Collaborative permission to photograph or use photos of my child for one or more of the follow reasons:

Check the ones(s) for which you give your permission.

_____ To be used by the project for the training of professionals and families, on different topics in the area of deaf-blindness in an electronic format, such as Power Point materials, that is accessible only to those families and professionals that the project staff gives specific permission to.

_____ To use photos in a publicly accessible manner, such as on our website or in another electronic format (i.e. brochure) to raise awareness of deaf-blindness in general or about specific topics in deaf-blindness.

Child's Name:	
Parent/Guardian Name:	
Address:	
Phone:	
Email:	

X
Signature

Date