

White Rock Child Development Center
3400 Fayetteville Street
Durham, NC 27707
(919) 683-1649

Authorization to Photograph and/or Videotape

I, _____ of _____,
(Parent/Guardian) (Name of Child)

_____ Will allow my child to be photographed and/or videotaped
for school/promotional purposes only.

_____ Will allow my child to be photographed and/or videotaped
for school purposes only.

_____ Will **not** allow my child to be photographed and/or
videotaped for school or promotional purposes only.

(Parent/Guardian Signature)

(Date Signed)

***This blanket authorization is valid one year from date signed.**