



## Photo Release Form

43687 Mission Blvd. (across Ohlone College) , Fremont, CA 94539

Contacts: (510) 565-2518/(510)252-1186

---

### Student's Information

English Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: F / M

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### School Attendance:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Parents' Information

English Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ Relationship: Father / Mother

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

English Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ Relationship: Father / Mother

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages

Yes, I give consent for AllStar Institute to photograph my child for school purposes and/or at school events.

No, I do not authorize AllStar Institute to photograph for my child for any event.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**\* Equal Opportunity Service Provider Notice:** The AllStar Institute, as an equal opportunity service provider, does not discriminate against individuals based on race, color, sex, religion, disability, age, sexual orientation, national or ethnic origin, or any other aspects prohibited by federal, state, or city laws.