

# Photo Release Form



Dear Parent/Guardian:

Digitability is an award-winning, special education program preparing students for today's tech-driven and social workplaces. We are very excited to be supporting your child's transition education.

Throughout the school year, we will help students in your child's classroom develop a Work-ready Portfolio. This means that your child will graduate our program with an online professional profile, digital project samples and the interviewing skills they need to talk about the projects completed in the Digitability program. Digital projects will be hosted on our website and will be publicly available so that your child can include this experience in their resume and future communications with employers. These showcased projects can include the use of photos and videos of students in the classroom.

As we work with your child's classroom to support their implementation of Digitability, we kindly request that you grant or decline permission for your child to be photographed and/or filmed. If you have any questions about this form or the Digitability program, please feel free to contact us at [info@digitability.com](mailto:info@digitability.com).

Additionally, we will host competitions that showcase the work teachers are doing with their students across the country. Your child's classroom may also participate in these competitions and have the opportunity to win new technology and prizes. We hope that you will vote for projects and share the wonderful work being done in the classroom!

Thank you! We look forward to preparing your child for their transition to independence!

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**As a parent/guardian of this student, I hereby consent to the use of my child's image, video, voice, taken during the course of their participation in Digitability's Work Simulations, to be used on the Digitability website, on Digitability social channels or for other print materials. I do this with full knowledge and consent and waive all claims for compensation for use or for damages.**

**Yes, I give consent to Digitability to photograph/film my child.**

**No, I do not authorize Digitability to photograph/film my child.**

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

**School Name:** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature (if 18+ years old)** \_\_\_\_\_