

**Early Childhood Education
Child Development Department**

CONSENT TO USE OF PHOTOGRAPH AND LIKENESS

I hereby consent to the use of my child's photograph or likeness by Twin Rivers Unified School District for purposes of advertising or promoting ECE/CD services or for such other purposes as may be determined by the ECE/CD department. I understand that, as used in this consent, "photograph" means any photograph or photographic reproduction, still or moving, and any videotape or live television transmission.

Signature of parent/guardian/conservator

Date

Name of parent/guardian/conservator (printed)

Name of Child (printed)