

**COURSE**  
**DESCRIPTION/TITLE** \_\_\_\_\_

**NEREC Instructor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**NEREC Director Signature** \_\_\_\_\_

**Northeast Regional Education Cooperative  
Video Conference**

**Release Form for PHOTOS/VIDEOS/AUDIO RECORDINGS**

**I (please print your name), \_\_\_\_\_, grant my permission for the Northeast Regional Education Cooperative to photograph/videotape/make an audio recording of me. I understand that these photos/videotapes/audio tapes will not be shared or used in informational brochures, literature or videotapes. The NEREC videoconferences are intended to provide instruction to teachers and students in other NEREC districts. This unit is dedicated to educational programming for adults and students in the NEREC region.**

**YOUR SIGNATURE** \_\_\_\_\_

**PARENT SIGNATURE, IF APPLICABLE** \_\_\_\_\_

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**DATE** \_\_\_\_\_