

Texas School for the Blind and Visually Impaired

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Media Release

The Texas School for the Blind and Visually Impaired (TSBVI) serves as a statewide and national resource and supports training related to visual impairment and deafblindness. For that purpose, TSBVI requests this permission for you, your child, or an adult or child for whom you are the guardian/agent.

This permission is for (Printed Name): _____

□ I am the person listed above and I am 18 or older: My Date of Birth: _____

□ I am the parent/guardian/agent of the person listed above: Printed Name_____

Photographs and video and audio recordings of the person named above that may contain personally identifiable information may be used for the following purposes:

Sharing information within TSBVI or with local service providers; training for parents and professionals; marketing of TSBVI programs; increasing public awareness of visual impairment; and/or other educational purposes.

Photographs and video and audio recordings of the person named above may be used in the following venues and media:

TSBVI approved websites and third party websites that are aligned with TSBVI's mission; seminar and conference presentations; electronic or print publications; all analog and digital formats; CDs, DVDs or other electronic storage devices; training presented through videoconference or educational broadcast; official reports prepared by TSBVI.

By signing below, I understand and acknowledge that:

No monetary consideration shall be paid to me, or to the student, or to the student's parent/guardian or agent for the use of the photo and video and audio recordings; permission is given without coercion or duress; this agreement is binding upon my heirs and/or future legal representatives; this permission remains in effect until such time as I notify TSBVI in writing that I wish to revoke it for future projects; I hereby waive any copyright interest that I might have in such photographs or recordings; no photographs or recordings will be used for the financial profit of any individual and/or groups or private companies.

□ Yes	I give permission to Texas School for the Blind and Visually Impaired
□ No	for use of photo, video, and audio recordings as described above.

Signature	Date		
Address	City	State Zip	
Email Address	Phone ()		
TSBVI use only: If applicable, Project Name:	Project Origin: Comp/ STP/ Curr/ Otr/ Res/ HR		

Form Revised 8/07/2019