

**CONSENT BY ELIGIBLE STUDENT OF THE ORLEANS/NIAGARA BOCES
TO DISCLOSURE OF EDUCATION RECORDS**

I hereby consent to and authorize the publication and disclosure by the Orleans/Niagara Board of Cooperative Educational Services (BOCES) of my name, photograph, image, attendance as a student of the BOCES, program(s) of study, participation in school activities, completed projects, assignments and other school-related work, sponsoring agency or entity, municipality (or geographic area) of residence, school district of residence or attendance and any other directory information, in publications including but not limited to newsletters, brochures, calendars, yearbooks, manuals, Web sites, social media pages and/or sites, videos, CD-ROMs and other publications disseminated by the BOCES, and in any newspapers, periodicals, and/or other news media (including but not limited to radio and television). Such publication and disclosure shall be for the purpose of advertising or reporting on the educational programs of the BOCES.

Name: _____
(Signature)

(Print)

Date (of Signature): _____

Date of Birth: _____

November 2014

**CONSENT BY PARENT OF STUDENT OF THE ORLEANS/NIAGARA BOCES
TO DISCLOSURE OF EDUCATION RECORDS**

I hereby consent to and authorize the publication and disclosure by the Orleans/Niagara Board of Cooperative Educational Services (BOCES) of my child's name, photograph, image, attendance as a student of the BOCES, program(s) of study, participation in school activities, completed projects, assignments and other school-related work, sponsoring agency or entity, municipality (or geographic area) of residence, school district of residence or attendance and other directory information, in publications including but not limited to newsletters, brochures, calendars, yearbooks, manuals, Web sites, social media pages and/or sites, videos, CD-ROMs and other publications disseminated by the BOCES, and in any newspapers, periodicals, and/or other news media (including but not limited to radio and television). Such publication and disclosure shall be for the purpose of advertising or reporting on the educational programs of the BOCES.

Name(s) and Signature(s) of Parent(s)/Guardian(s):

(Signature)

(Signature)

(Print)

(Print)

(Date)

(Date)

Name of Child: _____
(Print)

Child's Date of Birth: _____

November 2014