CONSENT BY ELIGIBLE STUDENT (18 YEARS OF AGE OR OLDER)
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, videos, CD-ROMs and other publications disseminated by the BOCES, and in any newspapers or periodicals. 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: _____

Witness: _____
(Print name)

_____
(Signature)

Date: _____