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## LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

## LASEC Photo/Video Release Form

I give permission for my son/daughter to be photographed or filmed by representatives of Lockport Area Special Education Cooperative (LASEC). I understand that these photos/videos become the property of LASEC. I am aware that these include the annual school pictures and any photos or videos that might be used to publicize school events or explain/display programs and services provided by LASEC and their member school districts. Photos may be published on the LASEC website or for required state assessments or used in communication or other technology devices.

I hereby waive any right that I may have to inspect or approve the finished image. I further release all claims against Lockport Area Special Education Cooperative with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

Student Name	
Parent or Guardia	an Name (print)
Parent or Guardia	an Signature
Date	<b>-</b> 4
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