

# PHOTOGRAPH PERMISSION FORM

Recent changes to data protection rules mean that sometimes we must ask for your permission when we want to use and share your personal information and photograph. If you are **under the age of 13**, a person with parental responsibility must also give their permission for your photograph to be shared.

Throughout the year there will times when we, **[School Name]**, would like to take photographs of students during school events. We might decide to share some of these photographs on our school website and our social media accounts, **but we will only do this if we have your permission do so.**

The local media often publish photographs of students, taking part in special events and celebrating their achievements and successes through school, in their newspapers and on their websites. We will **not** share photographs of you with the local media unless you have agreed to have your photograph taken for this specific purpose and clearly given us your permission to do so.

We would like you to let us know if you are happy for your photograph to be taken and shared on our website and social media feeds by ticking the boxes below.

You can also let us know if you would be happy for your photograph to be used in the local media by ticking the boxes below.

It is ok if you do not want your photograph to be used or shared, you can leave the tick boxes below empty.

It is ok if you change your mind – Just let us know that you do not want us to use or share your photograph.

## School and Social Media Photograph Permission

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I give my permission for my photograph to be taken during school events.

I give my permission for **[School Name]** to use/share my photograph on/in their:

☐

School website

☐

School publications (newsletters, prospectus, etc.)

☐

School prospectus

☐

Official Twitter feed

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Official Facebook page

## Local Media Photograph Use and Sharing Permission

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I am happy for my photograph to be published in the local media

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I give my permission for my photograph to be shared with the local media

**PLEASE COMPLETE THE SECTION BELOW AND HAND THIS FORM TO **[STAFF MEMBER]**.**

**WE NEED YOU TO DO THIS SO WE KNOW WHO YOU ARE AND WE CAN KEEP A RECORD OF YOUR CHOICES.**



NAME:

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SIGNATURE:

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DATE SIGNED:

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**TO BE COMPLETED BY PERSON WITH PARENTAL RESPONSIBILITY FOR STUDENTS UNDER THE AGE OF 13**



NAME:

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SIGNATURE:

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DATE SIGNED:

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