



SOUTHWEST COOK COUNTY COOPERATIVE
 ASSOCIATION FOR SPECIAL EDUCATION
 6020 West 151st Street
 Oak Forest, IL 60452
 708-687-0900

CONSENT FOR USE OF STUDENT’S NAME, WORK, AND/OR PICTURE

We, _____, parent, and _____, student, give permission for Southwest Cook County Cooperative Association for Special Education (“SWCCCASE”) to publish the student’s name, work and/or picture in SWCCCASE public relations articles, videotapes, television education programs, and/or the SWCCCASE Internet educational web page (“publications”). These publications are authorized by us pursuant to 20 U.S.C. § 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq., and are for the purpose of providing general information to the public about SWCCCASE special education programs and services. We have seen and received a copy of the photograph or photographs of the student to be used in the publications before signing this consent form. We understand that student work made available on the website may be viewed by others on the internet. We understand that our refusal to sign this consent form will result in the photograph(s) of the student being excluded from the publications. We also understand that, once the publications are sent to the printer, we waive the right to revoke our consent to use the student’s name and/or photograph(s) in such publications.

 PARENT

 STUDENT (if age 12 or older)

Date: _____

Date: _____

 WITNESS (age 18 or older only)

Date: _____