



**Authorization to Photograph, Audio Tape, and/or Video Tape Student
2017**

Student's Name: _____

Delegation: _____

Parent/Legal Guardian's Name (print): _____

As a parent or legal guardian of the above referenced student, I hereby authorize The Angelo Del Toro PR/HYLI or any organization involved with the program to share student information, interview, photograph, audio tape and/or video, tape the student while he/she is participating in the 2017 Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute (PR/HYLI) and local delegation trainings. I understand that these will be used for educational programs, educational conferences or workshops, or other purposes authorized by Questar III including but not limited to use on the Questar III PR/HYLI website and I consent to such use. Scholarship winners' photos, names and high schools may also be disclosed.

Parent/Legal Guardian Signature

Date