



Angelo Del Toro

PUERTO RICAN/HISPANIC YOUTH LEADERSHIP INSTITUTE

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

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 2020 Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute (PRHYLI) 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 PRHYLI website and I consent to such use. Scholarship winners' photos, names and high schools may also be disclosed.

Parent/Legal Guardian Signature

Date



THE STATE EDUCATION DEPARTMENT/
THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY

This contract is funded through the New York State Education Department.

