Parent/Guardian Recording Authorisation Form

(FOR STUDENTS UNDER 18 YEARS OF AGE)

I, _____ , the parent/legal guardian of the student named below, agree to and provide permission for the photographic, video, audio or any other form of electronic recording of the named student to be used by Ringwood Secondary College.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be retained by Ringwood Secondary College.

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of Ringwood Secondary College without acknowledgment and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the Student Records Administrator at the college General Office

Date: / / Signature: _____
(parent/guardian)

Name of parent/guardian: _____

Contact telephone number: _____

Name of student: _____

Name of school: **Ringwood Secondary College**

Name of Principal: **Michael Phillips**

School telephone number: **9870 2002**