

## **Multi Media Image Permission Form**

T	the parent/legal guardian
of	agree to and provide permission
for photographic, video, audio or any other form of electronic recording of the named student to be used by	
Keilor Downs College for the purposes of marketing the college in print and online.	
I acknowledge and agree that ownership of any photographic, video, audio and any other form of electronic	
recording will be retained by Keilor Downs College.	
I authorise the use or reproduction of any recording referred to	above for any reasonable purpose
within the discretion of Keilor Downs College without acknowledgement 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 school	
via the Principal.	
Multi Media Image Permission Form	
Signature:	oate:
Name of Parent/Guardian:	
Name of Falent/Goardian.	
Contact Phone Number:	
Name of Student:	
Class/Year Level:	