



**BROWARD EDUCATION COMMUNICATIONS NETWORK (BECON)**  
6600 Southwest Nova Drive, Fort Lauderdale, Florida 33317

**Date** \_\_\_\_\_

I hereby give permission to the School Board of Broward County, Florida, to make audio and/or visual recordings or photographs of my minor child and/or myself and to use these finished materials for educational purposes and/or to promote the positive aspects of Broward County Schools through communication media such as newspapers, online media and television. I further realize that all such uses and distribution by the Broward County School Board shall be within their sole discretion.

\_\_\_\_\_  
Student's Name (if applicable)

\_\_\_\_\_  
Signature of Parent (if applicable)

\_\_\_\_\_  
Signature of Adult Subject

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Number

\_\_\_\_\_  
Date of Taping