



Photo and Video Consent

PACE requires the use of photos and videos of your student for specific program identification, course and program development, internal staff training, goal tracking, and/or facility safety considerations. This information is confidential and not for public distribution.

All PACE facilities are equipped with video surveillance for student and staff safety and security purposes only. By initialing here, you acknowledge that photo and video may be used as described above, and that video surveillance is used for the safety of our staff and students. *This form with your signature will be kept on file and referenced until otherwise noted.*

Initial Here

Photo Release Consent

At PACE, we strive to capture the wonderful moments that unfold within our school community and celebrate special memories and milestones. The meaningful experiences and events we capture are opportunities to highlight the vibrant atmosphere of our program and showcase our mission to the broader community. Images and videos of students have been used for school newsletters, marketing and fund development purposes, including grants, website, and social media, and in print publications such as brochures and Annual Reports.

The PACE Marketing and Development Department requests your permission to take photographs and videos of your student for use in printed and digital publications or materials. Please check the box(es) you grant permission:

☐ **Public Use:**

I approve public use of my student's photos and videos in Print Media (Brochures, Fliers, Annual Report), Community Newsletters (Print and Digital), PACE Website, PACE Social Media (Facebook, Instagram, and LinkedIn), and Grants and Proposals.

☐ **School Newsletter Use:**

I approve the use of my student's photos for Classroom Newsletters (distributed to PACE parents/caregivers), and the Staff E-Newsletter.

☐ **Special Considerations:** Check here if you have specific conditions (i.e. no face visible, student is shown from the back, and/or the student's face is blurred). **Please describe your specific requests below:**

☐ **No Permission:** I do not approve the use of photo or video of my student for any use other than what is required by PACE.

PACE Marketing follows HIPAA compliance and will not share your student's name, age, and specific information about your student's diagnostic history. PACE Marketing will ask for permission if needed for special circumstances. For questions, please contact PACE Marketing and Development at marketing@pacificautism.org.

Please note: PACE cannot track or take responsibility for the content of forwarded emails, as it is the recipient's responsibility to comply with the school's data privacy and confidentiality policy.

Student Name: _____

Parent/Legal Guardian Signature: _____ Date: _____