

## PERMISSION TO BE PHOTOGRAPHED

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I \_\_\_\_\_ (parent's name) give permission to the North Carolina Music Educators Association or the news media to make or use photographs, slides, videos, recordings, or illustrations of my child,  
\_\_\_\_\_ (child's name).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_