New Jersey Department of Education Career and Technical Education Scholar Award Program Recipient Identification Release Form

By signing this form, I grant permission for the New Jersey Department of Education (NJDOE) to display the Career and Technical Education (CTE) Scholar Award student name, school district and enrolled CTE program of study on the CTE Scholar Award Program webpage as a condition of being a recipient of this award as outlined in <u>P.L. 2023, c.47</u>.

In granting this permission, I understand that the NJDOE may use the name, school district and/or CTE program of study of my child for purposes such as celebrating achievements and publicizing education events. I further understand that school districts and/or schools associated with this will be identified and that CTE programs of study will be named. I further understand that my child's name or other personally identifiable information posted online may be communicated via photos/images/videos before they are posted online and will not be removed by the NJDOE.

As a result, I release the NJDOE from any liability arising from the use of my child's name, school district and/or enrolled CTE program of study online, including, but not limited to, any liability arising from the use of my child's name or other personally identifiable information in any photos/images/videos posted online. Additionally, I understand that there are potential dangers associated with the posting of personally identifiable information online, since global access to the Internet does not allow for constraints on who may access such information.

I further understand that if I wish to rescind this agreement, I may do so at any time by sending a letter to the principal of my child's school, who will then email the head of the sponsoring program office in the NJDOE. The requested rescission will take effect upon NJDOE's receipt of the principal's notification.

Parent or Guardian (full name):	
Student (full name):	
School/District Name:	
Signatures (granting permission)	
Signatures (granting permission) Parent or Guardian Signature:	Date (mm/dd/yy):