



ISTITUTO COMPRENSIVO LUCCA 3

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1 AUDIO-VIDEO RECORDING AUTHORIZATION FORM

To the Headmaster
Istituto Comprensivo
Lucca 3

The undersigned _____

parent of student _____

school complex _____ class _____ sez. _____

1. I AUTHORIZE

The audio-video and photographic recordings inside / outside the School on the occasion of events organized by the Institute during the stay of your child in the kindergarten

YES

NO

2. I AUTHORIZE

The publication, distribution and broadcasting on public and private televisions, on the Internet and in any other possible and new means of communication of the multimedia products created by the Institute for educational and promotional use (with particular reference also to the initiatives of the OPEN DAY

YES

NO

Filming, use of images and interviews are to be considered free of charge.

* Signature from both parents / guardians is required (unless there is only one parent and / or guardian). If the authorization is signed by a single parent, it is understood to have been shared with the other parent / guardian.

Lucca, date _____

F.to digitalmente
Il Dirigente Scolastico
Dott.ssa Elisabetta Giannelli