



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

Audio-video and photographic recordings inside / outside the School on the occasion of events / demonstrations organized during your son's stay in our Institute

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