

**New York State Education Department
Adult Career and Continuing Education Services – Vocational Rehabilitation
ACCES - VR
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8/6/15
DATE

Name: LAWRENCE S. NAGEL
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Phone #: 631-321-9405

I, LAWRENCE S. NAGEL HEREBY GIVE CONSENT
(Print Full Name)

to The University of the State of New York, The State Education Department, or an agent or person selected by The State Education Department to use my name; my likeness, such as a portrait, picture, photograph, movie, or videotape of me; a recording of my voice, in any form; or a narrative or other written account in publicizing or reporting on its programs, and for any other purpose of the Department. I agree that such likeness, recording, or account shall be the property of The University of the State of New York, The State Education Department and may be used by the Department.

"My employer will be using my photograph for the following purpose:"

My consent and agreement herein is given with the knowledge and understanding that The University of the State of New York, The State Education Department may or will incur expense in connection with such likeness, recording, or account.

LAWRENCE S. NAGEL _____
Signed Signature (ACCES - VR staff)

(To be signed by Parent or by Guardian, if appropriate)

I HEREBY individually and as (Father), (Mother), (Guardian) of the above consent to the foregoing.

Signed Relationship

Note: This consent will expire two years from the date written on this form, unless otherwise indicated. Old stock publications may continue to be distributed.

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