



School Photographer Agreement Use of Student/Staff Personal Information

This form is to be signed by school photographers who are provided with any student or AVRCE employee personal information from school or regional centre records.

Photographer's Name: _____

Company Name: _____

Company Representative: _____
(if photographer is not authorized to sign on behalf of company)

I/We agree that all personal information of students and regional centre employees, including student identification (ID) number and any other personal information will be used only in the course of and in conjunction with school photography and/or the production of yearbooks. I/We also agree that this information will not be disclosed or used for any other purpose other than that for which it was intended, including mailing lists or solicitation of any kind. I/We agree that appropriate security measures will be undertaken to protect all such personal information against any unauthorized access and use, and that such personal information will be destroyed in a secure manner at the earliest opportunity.

Date: _____

Signature of Photographer
or Authorized Company Representative: _____