

Society of Hispanic Professional Engineers (SHPE) Foundation
PRE-COLLEGE SYMPOSIA

PHOTOGRAPH RELEASE AND CONSENT FORM

Name of Student: _____

Age: _____ School: _____ Grade: _____

I, _____ hereby, give permission to SHPE

Parent/legal guardian (please print)

Foundation and the Society of Hispanic Professional Engineers, Inc. (SHPE) to photograph my child,

_____, only during their participation in the Pre-College Symposia.

Student (please print)

I further give permission to use their photographs, statements and information featuring their involvement in the Pre-College Symposia; for SHPE Foundation and SHPE publication purposes during or after this event.

Parent/Guardian Signature

Date

Parent/Guardian Telephone: _____

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