

iMATHination Release Form – Student Information**Event Location:** Northeastern Illinois University, Chicago, IL**Name:** _____**Name of School or Program:** _____**School Grade:** _____**Email:** _____**Home/Cell Phone (if available):** _____

iMATHination will be using this information to keep students connected to Chicago Teachers Center programs; specifically, emailing participation opportunities.

Photograph and Taping Release

I hereby authorize the Chicago Teachers Center and iMATHination Conferences to videotape and/or photograph my son/daughter at the iMATHination Student and Family Conference on May 22, 2010. I understand that the photographs and video footage may be used by the Chicago Teachers' Center and iMATHination Conferences for promotional and/or marketing purposes and that my son/daughter may be identified in conjunction with this information.

Signature_____
Date