



An Affiliate Member of the Teachers of English  
as a Second Language of Ontario

## Authorization Form

Name : \_\_\_\_\_

School Site: \_\_\_\_\_

Under the **Municipal Freedom of Information and Protection of Privacy Act**, personal information about a student cannot be released without the prior consent of the person.

I hereby give permission to the **TESL Ottawa** to use my photograph, and/or my classroom material for displays, print or electronic publication.

All materials produced will be for the sole purpose of promoting the objectives of **TESL Ottawa**.

I accept that I will not receive any monetary or material compensation for any material being used.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Website Address: <http://www.teslottawa.ca>