



# Sociedad Honoraria Hispanica Capitulo Cela



I \_\_\_\_\_ do / do not grant  
permission for my son/daughter

\_\_\_\_\_ to be videotaped or photographed for the  
purposes of Spanish National Honor Society and  
to be put on the Society's Web Page.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date