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# T.G.I.F.

## CLASSROOM SPONSORSHIP

### PRESENTED BY DEL-ONE FCU

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#### Teacher Consent Form

Teacher's Printed Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Del-One Federal Credit Union may use photographs, videotape, or digital recordings of grant applicants in newsletters for business purposes and at such times as the credit union deems appropriate for use on its website, social media sites, as well as in any of its advertising including, but not limited to, newspaper, brochures, emails and publicity releases.

**Please initial the statements below:**

- I give permission to Del-One Federal Credit Union, its employees or agents to take photographs, videotape, or digital recordings of myself. I further give permission to Del-One FCU or the news media to use photographs, videotape, or digital recordings of myself.
- I authorize their use without inspecting or approving the finished product or its specific use. I hold Del-One FCU harmless from any future action on my behalf regarding these publications and understand that Del-One Federal Credit Union is not responsible for any expense or liability incurred as a result of my participation in these publications.
- I acknowledge that the funds received from Del-One FCU must be implemented for the purpose stated on my application and within the school year during which I applied for the grant.
- I have received and reviewed a copy of the Official Classroom Sponsorship Rules (available online at [www.Del-One.org/TGIF-Sponsorship](http://www.Del-One.org/TGIF-Sponsorship))
- I am eligible for the TGIF Classroom Sponsorship, per the Official Classroom Sponsorship Rules

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Administrator Consent Form

Administrator's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Please initial the statements below:**

- The classroom sponsorship applicant is currently employed by the school listed, at which I am a principal, assistant principal, or ranking district administrator.
- The project for which the applicant is seeking grant funds has been reviewed and authorized.

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_