Media Release Permission Form

To acknowledge the contribution of our students, the Clay County Public School District frequently publicizes student results in forums such as, but not limited to:

* Pictures on classroom walls.
* Honor roll list/academic achievement/personal accomplishments.
* Pictures and information in schools, district and local newspapers.
* Pictures and information on school, district, and state web pages.
* Videos on school broadcast, local, state or national TV channels.

***To support these promotional efforts, I agree to allow the student identified below to be interviewed, audio recorded, video taped, or photographed by students and/or staff members of the District, or agencies approved by the District. I also authorize the release of my child’s image and identification information (including name, parent/guardian information, grade, school) in various media releases approved by the District.***

Please review this form carefully, indicate your preferences in regard to videotaping or photographing of your child, sign and date the form, and submit the form to the school. Although we will make efforts to comply with your request, bear in mid that we cannon monitor all adults at all times, especially during special occasions when other parents may take pictures of may tape the event.

**Once signed and dated**, this form shall remain in effect for enrollment of the student in the District. However, at any time, you may amend this form only for future uses/preferences by notifying the Principal or School Technology Coordinator **in writing** of your request.

Please sign and return this sheet giving or restricting permission for your child’s photo, work, and/or information to be displayed.

\_\_\_\_\_\_\_\_\_\_ Yes, my child’s (photo, work) with identification may be displayed.

\_\_\_\_\_\_\_\_\_\_ Yes, my child’s (photo, work) with NO identification may be displayed.

\_\_\_\_\_\_\_\_\_\_ No, my child’s (photo, work) may NOT be displayed.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised May 2018