

PERMISSION TO PHOTOGRAPH/VIDEOTAPE
RELEASE TO UTILIZE

We recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by the District or coalition of districts.

We further grant permission for the photographs or videotapes to be used in media presentations that are made available to other educational institutions or through a cable television station or network. We understand that our child's image, name, work product, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

Student(s) Name: _____

Parent's Signature

Printed Name

Address _____

City _____ Zip _____

Telephone (Home) _____ Telephone (Work) _____

Date

It is the policy of this District that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characteristics.