

*Return form to your school
ONLY IF YOU OBJECT
to your child's photo being
published.*

**DO NOT RELEASE
MEDIA FORM**

Please complete this form ONLY IF YOU OBJECT to the use of your child's photograph or video.

Photographs and videos of our students may be used to promote programs and activities in print and online materials.

School Year _____

School _____

Grade: _____

Child's Name: _____

Address: _____

Parent/Guardian Signature: _____

DO NOT RELEASE:

I do NOT wish my child's photograph to appear online on District sites or in the District print newsletter.

DO NOT RELEASE:

I do NOT wish my child to be photographed or videotaped by an outside agency (such as newspaper or television media).