

## 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 \_\_\_\_\_

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)

**ONLY IF YOU OBJECT** to the release of your child's photograph.