



Student Information / Media Release Form (Form 180-1)

Date: _____

Student Name: (Last) _____, (First) _____
(please print)

School: _____

MEDIA RELEASE

We will do our due diligence to ensure your child's name and photograph are not used in a school or school district-initiated human interest or media story unless we have your expressed permission through this consent form. This includes, for example, when a reporter visits a school, or when district staff take photos or video for the website or for publication. In these circumstances, only children who have permission will be captured.

It should be understood, however, that during events that are open to the public your child's photograph may be taken by the media or other parents in attendance and used on public forums like social media. This includes public events like school concerts, sports day, field trips, graduation, etc. The school has no control over children being photographed by others during public events.

Please check "yes" or "no" after reading the following statements:

I hereby authorize the school to take and/or allow pictures, video, and/or the name of my child to be taken/used for marketing or promotional material for the school or district, including recruitment material, publications, yearbooks, presentations (electronic and printed), educational material, and other related material.

I hereby authorize the school to take and/or allow pictures, video, and/or the name of my child to be taken/used for the school website, the district website, in newsletters, on school or district-authorized social media sites, and on other district or school-authorized communication tools.

I hereby authorize the school to allow the local media or district staff (or personnel authorized by the district) to take my child's photograph, video, and/use my child's name in relation to a news or human interest story.

_____ Yes, I consent.

_____ No, I do not consent.

ELECTRONIC COMMUNICATION

Yes / No I give consent for the school to send newsletters, fundraising information, hot lunch information, and other relevant notices to me electronically. Electronic distribution helps save paper and photocopying costs for the school.

Primary e-mail address: _____

Yes / No I give consent for the school to provide my email address to the school Parent Advisory Council (PAC), so they may send information to me electronically regarding PAC activities.

(Please read and sign the back of this form)

REVOKING OF CONSENT

I understand that I can revoke any parts of this consent at any time by notifying the school Principal in writing. I also understand that revoking consent does not mean photos or videos already taken or used of my child will be removed from printed or published material (electronic or printed), unless there are extenuating circumstances. These circumstances will be discussed on a case by case basis in consultation with district staff.

I hereby certify that I am the parent or legal guardian of the above-named student, and I consent to all of the foregoing on their behalf:

Parent’s Name: (Last) _____, (First) _____
(please print)

Parent/Guardian Signature: _____

Parent/Guardian Contact Information (for contacts related to this form):

Phone Number: _____ E-mail: _____

For students who are 18 years of age or older (and do not require parental consent):

I hereby certify that I consent to all of the foregoing:

Student’s Signature: _____

Student’s Contact Information (for contacts related to this form):

Phone Number: _____ E-mail: _____