Publication Consent Form

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.	
Dear Parent/Guardian: At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness or fund-raising purposes. This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or District's web site and in school yearbooks. Please review this form carefully, sign and date the form, and submit the form to the school annually.	
As the parent(s)/guardians(s) ofStuce School District permissi	I/we give the lent's Name ion to release my/our child's name,
District's Name photograph, work, and/or audio/video reproduction for pub functions and activities, including academic and athletic activities.	lication to the general public concerning school
Name of Parent(s)/Guardian(s) (Please print.)	
Parent/Guardian's Signature	Date
NOTE: If the recorded image, voice, or work of a student is to or for-profit fund-raising endeavor, affirmative authorization obtained.	oe included in a publication as part of a commercial of the parent/guardian or eligible student must be