



Student Media Release Form

OFFICE USE ONLY			
Grade:		Media Release:	Y / N
		Admin Initials:	

Date: _____ / _____ / _____

STUDENT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Grade: _____

MEDIA RELEASE

During the school year, photographs, audio and/or video recordings of our school, students, and teachers may be taken for the purpose of promoting the school. These photographs and/or recordings may be used in the various mediums of advertising such as newspapers, brochures, social media, television, website, and other publications.

Do you grant permission for your child to be photographed and/or recorded for the purpose explained above? Yes No

Print Name: _____

Relationship to Student: _____

Signature: _____ Date: _____