

AUTHORIZATION FOR MEDIA RELEASE

Student name	Date	
There are times during the school year when th related organizations, or school personnel may our students.		
Throughout the year various activities or progretelevision station. A newspaper may ask to tak about school related news. If we are partnering Park, iHeart radio, etc.) they may take pictures media. There may also be times when pictures posted on the school's web page.	te pictures and interview st g with an organization (Def of the activity and want to	udents of our school fiance College, Glenn share on their network
By signing the acceptance below you are grant right to use, copyright, publish and incorporate as a result of his/her participation in approved a the media without reservation or compensation	photographs or video foot activities of the school thro	age taken of your child
This authorization will remain in effect indefin undersigned. I understand that I have the right submitting a written request to the school princ those actions already taken in reliance on my a	to revoke this authorizatio cipal. This revocation will	n at any time by
I have read this form and fully understand the c	contents, meaning, and reas	son for this release.
AGREED TO AND ACCEPTED THIS	DAY OF	, 20
Signature of Parent or Guardian		
I hereby revoke this authorization effective as o	of	