## Public Information Release Form

An Equal Opportunity School District

I hereby give (NAME OF DISTRICT) my informed written permission to make and/or copyright photographs, motion picture films, videotape, sound recordings and other recorded images and likenesses of \_\_\_\_\_\_

(name)

to use in (NAME OF DISTRICT)'s promotional, educational and training activities. These activities include but are not limited to publishing, broadcasting, exhibiting, and displaying said photographs, motion picture films, videotape, sound recordings and other recorded images (i.e., Internet web pages, etc.).

I authorize the agency to release to the public, including news media, information regarding awards, recognitions, benefits and/or services the above named has received from or through the agency or other agencies. This authorization shall include release of name and other identifying information, as well as photographs, motion picture films, videotape, sound recordings or other recorded images. I also grant the right to include my possessions and/or background objects that may appear in the final product.

I understand the agency and its agents may use such material for an indefinite period of time unless this authorization is revoked in writing. However, if revoked, the agency shall not be required to recall affected publications, photographs, motion pictures, videotape, sound recordings and other recorded images then in use.

If under 18 years of age, the legal guardian indicated below has signed on my behalf.

Signature of Staff/Student/Parent/Guardian (circle one)

Date

Address

Telephone

Witness Signature

Date