

Photograph or Video Release Form

To: Parents, guardians or age of majority students

In compliance with federal and state regulations your permission is sought to allow your son/daughter/self to appear in photographs and/or video tapes which may be taken in school. It is understood that these materials will be used only for educational purposes and students involved will not be identified in any manner.

For student 18 years of age or older:

Signature _____ Date _____

If student is under 18, parent or guardian signature:

Student's Name _____ Date _____

Parent/Guardian Signature _____ Date _____

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