

STUDENT IMAGE RELEASE FORM*

Dear Parent or Guardian,

New technology provides many more opportunities for students and their work to be showcased. Pellston Public Schools needs your permission to use any photograph, digital images, slides, video, artwork or writings involving your child(ren).

Pellston Public Schools occasionally requests images of students, family members/guardians or other designated individual(s) for literature, advertising and promotion of educational programs and services. The use of photographs, voice, moving images, artwork or writing images include but are not limited to Pellston web site, CD-ROM videos, or other forms of print electronic media.

Consent

I authorize Pellston Public Schools to use photographs, digital images, slides, video, artwork, writings, audio tapes or other similar media, including internet application in which

_____ appears.
(Print name of student)

I understand these images may be used for possible publication or shown for informational or education purposes to a variety of audiences. I also understand that this Student Image Release Form will remain in effect until I revoke it in writing in a letter addressed to Pellston Middle School/High School, or until the materials are no longer needed by Pellston Public Schools.

Date

Signature of parent or guardian

Signature of adult student

Witness to signature of adult student

Printed name of signer

Printed name of witness

Address of signer

Daytime telephone

email address (if available)

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO THE MIDDLE/HIGH SCHOOL OFFICE.