

# PERMISSION TO PUBLISH

## VIDEO/PHOTOGRAPHY/AUTHORIZATION

### 2018-2019

Please answer 1, 2, and 3.

1. I give permission for my child's (children) to be photographed or videotaped for educational and community relations not-for-profit use as the church bulletin, school newsletter, community newspapers, marketing brochures and postcards, building videos (Christmas program) , etc.

Circle one:     **YES**            **NO**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

2. I give permission for my child's (children) photograph to be posted on the school's website, including the home page and classroom web pages.

Circle one:     **YES**            **NO**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

3. I give permission for my child's (children) name to be published for community relations/PR purposes for such things as honor roll, awards, etc.

Circle one:     **YES**            **NO**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name

Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_