

**Spectrum Academy
134 W. 46th Street
Ashtabula, OH 44004
440-563-3315**

MEDIA RELEASE

I, _____ give permission to Spectrum Academy LLC. To photograph and/or videotape my child(ren) whose names are listed below.

_____	Date of birth_____
_____	Date of birth_____
_____	Date of birth_____
_____	Date of birth_____
_____	Date of birth_____

I understand that these pictures/video may be used to document my child's progress and put in her/his portfolio. They may also be posted in the classroom/center, on our website, Facebook page, media outlets or published in center publications.

_____	Date_____
Parent/Guardian signature	

Address