



**PHOTOGRAPHY/VIDEOTAPING
PERMISSION FORM**

Student's Name

Please read the following permission form, mark the appropriate area, sign and date.

_____ I GIVE my permission for my child to be photographed, videotaped for the use of publications, productions, commercials or the use by the general news media for print or broadcast purposes.

_____ I DO NOT give my permission for my child to be photograph, videotaped for the use of publications, productions, commercials or the use by the general news media for print or broadcast purposes.

Parent Signature

Date

