

COMMUNITY RELATIONS

KENNEWICK SCHOOL DISTRICT

**WAIVER
PERMISSION TO RELEASE INFORMATION TO THE MEDIA
(TO BE COMPLETED BY PARENT/GUARDIAN)**

We, the parents/guardians of _____, hereby authorize officials of Kennewick School District to release information to the media regarding the following specific incident _____ in response to media inquiries involving my child. I further permit news media representatives to release this information to the public. I hereby waive any privacy right I may have relating to the above, specified incident.

Signature

Date

October 14, 1998