

Volusia County Schools  
**NEWS MEDIA RELEASE**

The undersigned hereby authorizes the School District of Volusia County to permit his/her child, named below, to be interviewed, photographed, videotaped and/or sound recorded by members of the news media, with the understanding that the results of these interviews, and such photographs, videotapes or other recordings may be used by the media in any publication and/or newscast, including but not limited to, printed publications, television broadcasts and radio broadcasts.

Valid for the 20\_\_\_\_ - 20\_\_\_\_ School Year

Student Name:

Last Name	First Name	MI	Student ID	Grade
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School: \_\_\_\_\_

I represent that I am this child's parent (guardian), and I agree to the foregoing on his/her behalf.

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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