

LIVONIA PUBLIC SCHOOLS STUDENT WEB SITE/MEDIA AUTHORIZATION

We/I _____, as the parent(s) or legal guardian(s)
(Print Name)

Of _____ ("the student") hereby authorize and
(Print student's name)

Permit the public and private use, broadcast, publication, reproduction, release, exhibition, and distribution of student work, likeness of, photograph(s), image(s), video, or audio recording(s). When publication is on the Internet, identification will be by first name only. We/I authorize such disclosure for purposes of providing information regarding the Livonia Public Schools' programs or activities.

Signature Parent/Guardian

Signature Student

Print name Date

Print Name Date

Use this line indicate selected items you **do not** authorize _____