



Union Public Schools Talent Release Form

Please Print.

I, **(Parent's/ Legal Guardian's/ or Student 18 or Older Name)** _____, hereby give permission to Union Public Schools to videotape, photograph, and/or make a voice recording or motion picture of me / my minor child **(Child's Name)**, _____, and to publicly identify me / my minor child in connection with any of the district's programs or related activities in which I am / my minor child is enrolled or involved, including **(Name of Specific Program/Activity)** _____. I understand and agree that these photos, motion pictures, videos, and/or recordings may be used by the district and/or its community partners, various media outlets, etc., in print or electronically, for publicity and/or education-related purposes, and that I/my minor child will not receive compensation or remuneration for participating.

Student's School _____ Grade Level _____

Home Address _____

Home Phone # _____ Cell # _____ Work # _____

Parent/Guardian Signature _____ Date _____

Please return the signed and dated form to student's principal.



To be completed by site:

Site Principal/ Program Director Signature _____

Date _____

**Once signed, please scan and email the completed form to the Enrollment Center c/o:
stevens.robert@unionps.org and brassfield.kelly@unionps.org.**