

**PARK RIDGE PUBLIC SCHOOLS**

85 Pascack Road  
Park Ridge, NJ 07656

Phone:201-573-6000  
Fax: 201-391-6511

**Parent/Guardian Media Consent Form**

As a function of our school district's publicity activities, this parental consent form is being sent to you to both inform you and to request permission for your child's photograph and personally identifiable information to be published in our publications and media relations. These publications include community newsletters, local media press releases (to newspaper outlets, et al), our website ([www.parkridge.k12.nj.us](http://www.parkridge.k12.nj.us)), and television channels available to cable and FIOS customers.

We will not release any student photograph, video clip, or personally identifiable information without prior written consent from you as a parent or guardian. "Personally identifiable" information can include student name, age, grade level, school, and/or various descriptors of specific school-related events.

As a school district, we would like to celebrate your child and his/her work through our publication and presentation means. The law requires we solicit such permission to use photos, video clips, or information about your child.

Please check one of the following choices:

- PHOTO/VIDEO ONLY:** I/We **GRANT** permission for use of photo/video clip that includes this student without any other personal identifiers to be published in school district publications and/or public media releases.
- PHOTO/VIDEO and NAME:** I/We **GRANT** permission for use of a photo/video clip that includes this student with reference to his/her name only to be published in school district publications and/or public media releases.
- PHOTO/VIDEO, NAME, and PERSONAL INFORMATION:** I/We **GRANT** permission for use of a photo/video clip that includes this student with reference to any/all personally identifiable information to be published in school district publications and/or public media releases.
- I/We DO NOT GRANT** permission for any photo/video clip and/or personally identifiable information that includes this student be published in any school district publication or public media release.

If you, as the parent or guardian, grant permission and later wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Principal of your child's school. Rescission will take effect immediately upon receipt.

**Printed Name of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Printed Name of Parent/Guardian:**  
\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_