

SPECIAL SCHOOL DISTRICT OF ST. LOUIS COUNTY
PERMISSION FORM – TO PHOTOGRAPH AND/OR RECORD

GENERAL INFORMATION

Occasionally media may come to SSD classrooms and buildings to report on newsworthy programs and events involving our staff and students. In addition, SSD’s Communications Department may photograph and/or videotape other students and share these stories with SSD staff and families through the District’s newsletter, website or other publications, including social media. The information may include images and identifying information of students, educators and community partners on its Web site, and in its print and electronic publications.

Parent/guardian permission is needed for SSD to use images of students under the age of 18; individual permission is needed for those students 18 years of age and older.

As parent and/or legal guardian of _____, I hereby grant permission to the Special School District and news media to photograph, voice and/or video record my child to use their photograph, voice and/or video recording, [their likeness](#) and their name in publications, presentations, websites, news stories, social media or other print or digital media. I understand that the resulting photographs, stills, slides, [video recordings](#), and audio recordings may be published for the purpose of instruction or informing staff, students, parents or the general public about District / school programs or events [or other purposes deemed appropriate by the district](#). Reasonable adjustments may be made to images, materials and formats for purposes of editorial, layout, and delivery.

[If a family checks No below and chooses to not allow SSD to use their child’s image, likeness and/or name then their child will be excluded from any school yearbooks, phone directories, award announcements, and group class photos.](#)

YES - Information about my child may be published.

NO - Do not publish information about my child.

SCHOOL OR ORGANIZATION INFORMATION

School or Organization: _____

School District (If Applicable): _____

Teacher’s Name (If Applicable): _____

PARENT/INDIVIDUAL SIGNATURE

Student’s name (please print) _____

Student’s date of birth: _____

Parent/guardian signature: _____ Date: _____

Address: _____

Phone number: _____