

PARENT PERMISSION TO RELEASE PHOTOGRAPHS/INFORMATION

I hereby authorize representatives of Lincoln Intermediate Unit 12 (LIU) to release photographs, videotapes, and/or directory information about the student named below to any and all publications or other media, without limitation or reservation, for public relations and informational purposes. *

I understand that the information provided will be used to help make the community aware of the educational programs and goals of the LIU. I also realize that the LIU hopes to increase understanding and develop positive attitudes with articles, photographs and other information such as I am providing, and that my cooperation is appreciated.

TEACHER NAME:

BUILDING:

STUDENT NAME:

BIRTHDATE:

ADDRESS:

City:

State:

Zip:

HOME PHONE:

TODAY'S DATE:

Parent/Guardian or Surrogate Signature

I give my permission

I do not give my permission

**For purposes of this authorization and release, the term "directory information" shall include all information designated as directory information by the Family Educational Rights and Privacy Act, as well as the name and/or type of program the student attends and the range of exceptionalities served by that program.*