NORMANDY SCHOOLS
COLLABORATIVE

MEDIA RELEASE FORM

NORMANDY SCHOOLS COLLABORATIVE AND/OR NEWS MEDIA

(Form must be maintained in the files of all students)

I hereby give my permission for Normandy Schools Collaborative and/or the news media to photograph, tape record, or videotape my child or myself, and to use this photograph, voice, or video recording in district publications, slides, videotapes, motion pictures, Normandy Schools Collaborative websites and social media channels, and area newspapers. I understand that the resulting photographs, stills, slides, videos, motion pictures, and audio tapes may be published for the purpose of instruction or informing staff, students, parents or the general public of school programs or events.

I also give my permission for the name of my child(ren) to be published with the above-listed photographs, videos, or recordings opportunities.

Permission Given ❒ Permission Denied ❒

Child's Name_____

School _____

Parent/Guardian Signature _____

Address (with zip code) _____

Phone _____ email address_____

Date _____