Farmington PUBLIC SCHOOLS
VISIONS UNLIMITED

AUTHORIZATION FOR PHOTOGRAPHS
2025-26 SCHOOL YEAR

I AUTHORIZE VISIONS UNLIMITED TO TAKE AND USE PHOTOGRAPHS AND/OR VIDEORECORDINGS (INCLUDING NAMES) OF

MY STUDENT _____ FOR:
Student Name

PLEASE CHECK ALL APPROPRIATE BOXES TO GIVE PERMISSION

- ☐ VISIONS NEWSLETTERS, YEARBOOK
- ☐ PHOTOGRAPHS POSTED WITHIN THE BUILDING (BULLETIN BOARDS, etc.)
- ☐ VIDEO RECORDING SCHOOL ACTIVITIES (i.e., TALENT SHOW)
- ☐ INSERVICE TRAINING RECORDINGS, SLIDES AND PHOTOGRAPHS
- ☐ SCHOOL WEBSITE, DISTRICT WEB PAGES, MEDIA, SOCIAL MEDIA
- ☐ LOCAL NEWSPAPER AND NEWSLETTERS

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

- ☐ I DO NOT AUTHORIZE ANY OF THE ABOVE OPTIONS FOR

  MY STUDENT _____
  STUDENT NAME

_____ _____
PARENT/GUARDIAN SIGNATURE DATE