Torrance Unified School District
COMMUNICATIONS DEPARTMENT

Type 2 Media Opt-Out Form

To complete the opt-out process for your student(s), you must complete ***all*** these steps **annually**:

1. Fill out and digitally sign this Media Opt-Out Form ***(or)*** print a copy and fill it out in pen.
2. Email a saved or scanned copy ***(or)*** mail/drop off a physical copy to your student's **Principal**
3. Email a saved or scanned copy ***(or)*** mail/drop off a physical copy to the **Communications Dept.:**
    a. communications@tusd.org.
    b. **2335 Plaza Del Amo, Torrance, CA 90501 Attn: Comms Dept**.

For the **2026-2027 school year**, as parent/guardian of:

STUDENT NAME: _____who will be attending

SCHOOL NAME: _____ in the _____ grade.

I am electing ***NOT*** to permit my student to be photographed, filmed, or recorded during smaller class and school settings (including but not limited to class visits with special speakers, literacy and academic events, career days, award recognition) for the following uses (**Check all that apply**):

- ☐ School yearbook (including portrait)
- ☐ School and District social media
- ☐ School and district websites
- ☐ School Newsletters
- ☐ State of Our Schools Annual Report
- ☐ Advertising (Examples: Billboards, Commercials)
- ☐ Board Presentations (televised)

I understand that my student may be seated to the side, given alternative participation options, and required to wear an indicator so they are not included in photos, filming, or recordings.

I have also read the full Media Authorization & Release and I understand that **this opt-out form does not cover Type 1 large events**, and my student may still be photographed/recorded during these events, ***unless*** I create a prominent badge, nametag, or sticker that boldly states **NO PHOTOS**, and have my student(s) wear it during the activity or event to notify all District staff, press, and partners that my student may not be photographed/recorded. However, I understand that this will only prevent close-up, individual, and small-group coverage, but my student(s) may still be featured in wide-angle group videos and photos. **I understand that while all efforts will be made to support my opt-out request, if I recognize a mistake, I am responsible for reaching out to my student's school and/or the Communications Dept. to request removal.**

Signature: _____ Date: _____

Print Name: _____