

**Wallkill Central School District
2026-2027 Media Release**

Student Name: _____ **Birth Date:** _____

1. Media Coverage Release Form for Students

Your permission is required for your child to be photographed, interviewed or mentioned by name in any media coverage, which might take place in or about the school district throughout the school year. This includes newspapers, periodicals, television, cable television, radio, and school district publications.

PLEASE CHOOSE ONE

- ☐ I hereby GIVE permission for my child to be photographed, interviewed, televised or mentioned by name in media coverage of school district events.
- ☐ I hereby DENY permission for my child to be photographed, interviewed, televised, or mentioned by name in media coverage of school district events.

Parent/Guardian Signature

Date