Torrance Unified School District
COMMUNICATIONS DEPARTMENT

Communications Department Media Opt-Out Form

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

1. Check the opt-out option during online registration.*
2. Fill out and digitally sign this Media Opt-Out Form ***(or)*** print a copy and fill it out in pen.
3. Email a saved or scanned copy ***(or)*** mail/drop off a physical copy to your student's **Principal**
4. 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**.

**If you did not check the opt-out request during online registration at the beginning of the school year, or you wish to change your student's status, you will no longer be able to complete this step online, so please email your school's front office staff to ensure they update your information internally.*

For the **2025-2026 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 for use on social media, in the yearbook, on the school or district website, in internal or external newsletters, presentations for the Board of Education, in small group situations including class lessons, special school events, VIP visits such as storytimes, classroom career days, and/or award recognitions.

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

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 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 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: _____