White Bear Lake Area Schools

Independent School District 624

2026-27 Media Release Form

SCHOOL: _____

DATE: _____

HAISQHIA! *Yog koj xav tau tsev kawm ntawv cov ntawv txhais ua lus Hmoob, thov hu tus Hmoob Liaison rau (651) 407-7623.*

ATENCIÓN: *Si usted necesita hablar con una persona que hable Español, por favor, llame al (651) 407-7625.*

Dear Parent/Guardian:

District policy defines a student's photograph as "Student Directory Information" and thus is public information unless you provide the appropriate notification to the school district that you would not like this information to be public. If your child's information is public, for example, your child's photo and name would appear in school yearbooks and classroom publications. Also, should your student receive a public honor or recognition, the District would provide your child's school picture to the honoring organization and/or media upon request.

In addition, the White Bear Lake Area School District asks for your consent for the following purposes:

- During the school year, the media may visit your child's school, with school permission, to cover special events and may want to interview, videotape or photograph your child.
- The White Bear Lake Area School District and the District's educational partners may also wish to use your child's photograph, voice, likeness or student work for promotional and educational reasons, such as in publications, posters, brochures, newsletters and videos; on District and school websites; on local cable television channels; or at community events (e.g. Marketfest).

To give your consent, please sign and return this form, which will be kept on file at your child's school.

The 2026-27 Media Release Form is valid for photographs, voices, likenesses or student work recorded or created through September 2027. Thank you for your cooperation.

Student's Name (please print) _____

_____ **I give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the District and the District's educational partners to use my child's photograph/voice/likeness/work for promotional and educational purposes, including District/school/classroom websites and publications.

_____ **I do not give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the District and the District's educational partners to use my child's photograph/voice/likeness/work for promotional and educational purposes, including District/school/classroom websites and publications. *Please note that if you opt out of the Media Release Form, your child's photograph will be included in yearbook and classroom publications (including Schoology) unless you notify the district that you do not wish for Directory Information to be given out about your child.*

_____ _____

Parent/Guardian signature *Date*

If you have questions about this form, contact your building principal or the Communications Office at 651-407-7695.
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