Folsom Cordova Unified School District

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It is the policy of Folsom Cordova Unified School District to require written permission before using photos or video footage that identifies a student with an individualized education program.

PARENT CONSENT FORM

PHOTOS/VIDEOS IDENTIFYING STUDENTS WITH INDIVIDUALIZED EDUCATION PROGRAMS

Student Name: _____ Student ID #: _____

Date: _____ School: _____

The Folsom Cordova Unified School District and/or school representatives' requests permission to photograph or videotape the student indicated above during the 2026-2027 school year. The photos and videos may be used for school or District purposes including but not limited to classroom instruction and curriculum, newsletters, student awards, District print publications, television programing, and/or web sites including District social media platforms.

I, the parent and/or legal guardian of _____, do consent and grant my permission to use photos and videos identifying my student for:

(please check one or both options)

☐ school purposes such as classroom instruction and curriculum, newsletters and student awards

☐ District purposes such as print publications, television programming, and/or websites including District social media platforms

_____ _____

Parent/Guardian name (please print) Signature of parent and/or guardian

_____ _____

Street Address Date

_____ _____

City/State/Zip Code Telephone (with area code)

This consent form will be kept on file at the school of the above-named student.