

Parent Release Form for Published Student Information

Name of Student _____

I give permission for my child to be photographed and/or recorded on video in connection with Calcasieu Parish School System activities. My signature on this form indicates approval for the student's name (full first name and first initial of last name), picture, art, written work, voice, verbal statements or portraits (video or still) to appear in the school or district's publications, videos, or website. These pictures and articles may or may not personally identify the student. I understand that all photos and videos will become the property of Calcasieu Parish School System.

I understand and agree to the above stated conditions, and give my permission for my child to participate.

Parent/Legal Guardian(please print) _____

Signature _____

Date _____