Media Release Form

FERPA (Family Educational Rights and Privacy Act) Media Participation. This release applies only to positive, non-controversial stories.

Student First Name:		
Student Last Name:		
Parent First Name:		
Parent Last Name:		
Parent Phone Number:		
□ I give permission for my child	to be interviewed, photograp	ohed and/or videotaped
for publicity purposes.		
□ I DO NOT give permission for videotaped for publicity purpose		hotographed and/or
Signature:	·	
Date:		