

STUDENT ACADEMIC WORK AND IMAGE (PHOTOGRAPHING/VIDEOTAPING) RELEASE

Return this form to your child’s teacher. Checking the space provided will clearly indicate that you **do not wish to have your son’s or daughter’s work or image** used by the Harrisburg School District in any publication(s) including the District Website and websites used for instructional purposes.

_____ (Check here if applicable)

If you **do not wish** to have your child photographed or videotaped or his/her work published by a representative of the Harrisburg School District, please check the space provided **and** complete the form below.

If **it is permissible** to photograph or videotape your child and publish his/her work, please complete **only** the form below.

Student Name _____ Building _____ Grade _____

Student Address _____

Name of Parent/Guardian (Please Print) _____

Parent/Guardian Address _____

Signature of Parent/Guardian _____ Date _____

Relationship to Student _____

(To be filed in the building office with a listing of names to be forwarded to the Community Relations Office, Administration Building.)