



JERSEY SHORE AREA SCHOOL DISTRICT

Form

6

MEDIA RELEASE FORM

Student Name: _____ Grade: _____ Building _____

The Jersey Shore Area School District is committed to protecting the privacy of all students and their families. The following is provided to offer you as a parent the right to choose whether or not your child may be photographed, videotaped, or recorded for the local news media; publicity or for internal purposes, such as newsletters, school and district presentations; the district website; and school or school district managed sites such as JSASD Facebook, JSASD Twitter, JSASD Instagram, etc. Please check only one option.

_____ I **DO** give my permission for my child to be photographed (still or motion) and/or tape recorded (audio or video) by employees of the Jersey Shore Area School District, its education partner organizations (clubs, booster organizations, home and school association) and/or agents of the media.

_____ I **DO NOT** give my permission for my child to be photographed (still or motion) and/or tape recorded (audio or video) by employees of the Jersey Shore Area School District, its education partner organizations (clubs, booster organizations, home and school association) and/or agents of the media.

Name of Mother/Guardian

Signature

Name of Father/Guardian

Signature