

Student's Name: _____

Homerroom: _____

Release Form for Media Recording

I, the undersigned hereby grant or deny permission to the Unicoi County Public School System to use my child's image **as marked by my selection below**. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures, **yearbooks**, newsletters, videos, and digital images such as those on the websites of Unicoi County Schools.

_____ Deny permission to use my child's image
Your child's pictures will not be used in
any newspaper items or other digital images

_____ Grant permission to use my child's image
I give permission for my child's image to be used in print
(such as newspaper, brochures, newsletters, videos, and
digital images). I agree that these images may be used
by the Unicoi County Public School System for a
variety of purposes and that these images may be used
without further notification to me. I do understand that my
child's full name will not be used in conjunction with any
digital images and/or video taken of them and their image
will only be used in his/her school and in the community.

_____ Grant permission for my child's image to be used in the **yearbook**
only.

Comments:

Parent/Legal Guardian Signature: _____

Date: _____