



STUDENT MEDIA RELEASE FORM

901 E. Kennedy Blvd., Tampa, FL 33602

SCHOOL: _____ STUDENT IDENTIFICATION NUMBER: _____

STUDENT NAME: _____ DATE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Dear Parent/Guardian:

Throughout the school year, the media may visit your child's school to cover special events. Hillsborough County Public Schools may also wish to interview, photograph or videotape your child for promotional and educational reasons to utilize in publications, posters, brochures and newsletters; on the district web site, radio station or Cable TV channel; or other special district events.

Before your child can participate in any of the above activities, you must give your permission by signing and returning this page to your school. Thank you for your cooperation.

I give my permission for my child to be interviewed, photographed or videotaped for use in school/district publications, school district productions, or for use by the general news media for print or broadcast purposes; and for his/her name to be published in school/district publications and websites, and in news publications and broadcasts.

I do not give my permission for my child to be interviewed, photographed or videotaped for use in school/district publications, school district productions, or for use by the general news media for print or broadcast purposes; and for his/her name to be published in school/district publications and websites, and in news publications and broadcasts.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name (please print): _____

After you have read and signed the permission form, please return it to your child's school. The form will be retained at the school, with the student's records.

07/06