

Photo/Videotape Release Form

Please print.

Student's Name: _____

School: _____ Grade: _____

Parent/Guardian: _____

Address: _____ Zip: _____

Telephone Number: _____

I, _____, parent or guardian of
_____, do hereby give and grant unto the
Jefferson County Public Schools permission to use my child's full name, photograph, and/or videotaped image in
publications, video productions, and/or JCPS Internet Web site. I do further certify that I am of full legal capacity
to execute the foregoing authorization and release.

Signature of Parent/Guardian: _____

Witness: _____ Date: _____

Photographer's Notes:

Story Slug: _____

Description of student, clothing, etc. _____

