

PARENTAL/LEGAL GUARDIAN MEDIA CONSENT FORM

I hereby consent to the use of any photographs/videotape taken of my child by the Litchfield Public Schools System or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the Litchfield Public School System in newspapers, newsletters, school website, other publications, television, radio and other communications and advertising media including school district related social media.

By law, the Litchfield Public Schools System protects the privacy of the students and is prohibited from releasing students' personal information.

From time to time representatives of the news media are invited to campus to cover events at our school. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark one of the choices below and return to the school.

_____ Yes, I allow my child/children to be identified in any news district or school publication.

_____ No, I do not want my child/children identified in any news district or school publication.

This permission is granted as long as my student is enrolled in Litchfield Public Schools or until I request such permission is denied.

PLEASE PRINT

Students Name: _____

Address: _____

City: _____

State/Zip _____

Parent or Legal Guardian Signature: _____

Date: _____