

Volusia County Schools

MEDIA RELEASE

The undersigned hereby authorizes the School District of Volusia County to permit his/her child, named below, to be interviewed, photographed, videotaped and/or sound recorded by staff of Volusia County Schools, community organizations, and members of the news media, with the understanding that the results of these interviews, photographs, videotapes and/or other recordings may be used in any publication, television/radio broadcast, public presentation, website and/or on social media platform.

Valid for the 20____ - 20____ School Year

Student Name:

Last Name First Name MI Student ID Grade

School: _____

I represent that I am this child's parent (guardian), and I agree to the foregoing on his/her behalf.

Name of Parent/Guardian (please print)

Parent/Guardian Signature

Date

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