



AP A12 Digital Image/Photo Release - Form

I understand that the photographs/digital images of my child may be used for display on the school or school district websites, in news releases, and in school district print publications such as newsletters, yearbooks, reports, and promotional materials. I waive all claims for any compensation for such use.

Name of student whose photo/digital image may be made public:

Student name [please print]

I consent and authorize School District No. 64 (Gulf Islands) and its representatives to use and display photographs and/or digital images in which my minor child is portrayed.

Parent/legal guardian name [please print]

Signature of parent/legal guardian

Date: _____

SIGN BELOW ONLY IF YOU DO NOT WANT YOUR CHILD'S PHOTO USED BY THE SCHOOL DISTRICT:

I DO NOT consent to the school district's use of my child's photo/digital image for the publications mentioned above.

Name of student(s) whose photo/digital image may NOT be made public:

Name of Student [please print]

Parent/legal guardian name [please print]

Signature of parent/legal guardian

Date: _____

Please return this form to your child's school if you wish to change the consent held on file for your child regarding the use of photographic/digital images by the district.