

## **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 social media platform.

Valid for the 20 20 School Year			
Last Name	First Name		Middle Initial
School	St	tudent ID	Grade
I represent that I am this child's parent,	/guardian, and I agree to the foregoi	ng on his/her behalf.	
Parent/Guardian Name (please print)			
Parent/Guardian Signature		Date	
Revised: 6/2021 Owner: Community Information	Page 1 of 1		Form # 2005-03 Print Locall
VOLUSIA COUNTY SCHOOLS	Media Ro	elease	
The undersigned hereby authorizes the interviewed, photographed, videotaped organizations, and members of the new photographs, videotapes and/or other presentation, website and/or social me	d and/or sound recorded by staff of vs media, with the understanding the recordings may be used in any public	Volusia County Schools, at the results of these in	community nterviews,
Valid for the 20 20 School \	Year		
Last Name	First Name		Middle Initial
School	St	cudent ID	Grade
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Parent/Guardian Name (please print)			
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Revised: 6/2021 Page 1 of 1 Form # 2005-036
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