

Jefferson Parish Public School System

Photography Release Form

On several occasions, our students in a classroom or school setting, have the opportunity to be featured in the local and/or national media and in our school district publications and programs.

I, _____, the parent / legal guardian of the student named below, agree to and provide permission for the photographic, video, audio or any other form of electronic recording of the named student for and on behalf of the Jefferson Parish Public School System.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be retained by the Jefferson Parish Public School System.

I authorize the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of the media outlet without acknowledgment and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform the Jefferson Parish Public School System in writing.

The signed form below will be used to document your permission for these activities.

School _____

Student's Name _____

Date _____

Signature (Parent or Legal Guardian) _____

Telephone Number _____