



# Acalanes Union High School District

## Photo/Video/Website Release Form - Students under 18 years of age

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the completed document and if desired, save document template to your own computer. Duplicate fields will be repopulated after your first entry.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Full Name of School)

### Parent/Guardian:

*On occasion, representatives from and/or employees of the Acalanes Union High School District wish to photograph, videotape, and/or interview individuals in connection with school programs, projects, or events.*

*In order to release photographs, video footage, and/or comments, and/or to post on district or school web sites, we need written permission. To give your consent, please complete the form below.*

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
(Full name of Parent/Guardian) (Students Full Name)

give permission for my child to be photographed, videotaped, and/or interviewed by representatives from and/or employees of the Acalanes Union High School District for educational or public relations purposes. I authorize the use and reproduction by the Acalanes Union High School District or anyone authorized by the Acalanes Union High School District of any and all photographs and/or videotapes taken of my child, without compensation to me/my child. All these photographs/video recordings shall be the property, solely and completely, of the Acalanes Union High School District. I waive any right to inspect or approve the finished photographs/videotapes, and the sound track, script or printed matter that may be used in conjunction with them.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, ST) (Zip)

Email: \_\_\_\_\_