

# Photo/Videotape Release Form

Please print.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of  
\_\_\_\_\_, do hereby give and grant unto the  
Jefferson County Public Schools permission to use my child's full name, photograph, and/or videotaped image in  
publications, video productions, and/or JCPS Internet Web site. I do further certify that I am of full legal capacity  
to execute the foregoing authorization and release.

Signature of Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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Photographer's Notes:

Story Slug: \_\_\_\_\_

Description of student, clothing, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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