

Parental Release Form for Publication of Student Information and/or
Student Images by Media Outlets

Indian River High School

Student's Name: _____

Parent / Guardian Name: _____

Parent / Guardian Phone Number: () _____
Alternate phone: () _____

As the parent / guardian of the student named above, I give permission to
_____ to use the following:

(Media Outlet)

- Student's Image (Individual or Group Picture)**
- Student's Name**
- Work created by student with or without student's name.**
- Video (DVD, online, or other media) with student.**

The purpose of the publication of material is related to the student's activities at Indian River High School: recognition of their accomplishments in academics, sports, or extra-curricular activities.

Signature of Parent/Guardian

Date