

OKEECHOBEE COUNTY SCHOOL BOARD

Permission to Photograph/Videotape/Use Name
For Educationally Relevant Purposes

Student Name (last, first, middle): _____

Birthdate: _____

School: _____

School Telephone Number: _____

Persuant to requirements of the policies and procedures of the School Board of Okeechobee County, Florida, I grant permission as follows regarding my above-named child:

Place an (X) in the YES box next to each action for which you ARE giving permission. Place an (X) in the NO box next to any action for which you are NOT granting permission.

YES	NO	Description of Action
		1. For the above-named student to be photographed/videotaped by or on behalf of the school district during school-related activities.
		2. For such photos/videos to be used by or on behalf of the school district for educationally relevant purposes, including use in press releases and news articles.
		3. For the above-named student's name to be used by or on behalf of the school district for educationally relevant purposes, including use in press releases and news articles.

Signature of Parent/Guardian

Date

Signature of Student (if applicable)

Date