



City School District of Albany Photo and Media Release Form 2009-2010

SCHOOL _____ CONTACT#/E-MAIL _____

STUDENT NAME _____ GRADE ____ TEACHER _____

The City School District of Albany is making a concerted effort to promote the positive activities, honors and work of our staff and students. District publications and the district's Web site may be utilized as tools for such promotion. There may be opportunities where students will be photographed and identified by name and classroom or school. However, we understand that some parents may request that we do not identify their children. Please fill out the form below to inform us of your wishes regarding publicity.

YES I, (parent/student) _____,

do hereby give consent to the City School District of Albany to photograph my son/daughter or myself (if I am a student 18 years of age or older) for use in any and all district publications, including newsletters, calendars, media projects, brochures and the school/district Web sites.

NO I, (parent/student) _____,

hereby **PROHIBIT** the City School District of Albany from photographing my son/daughter or myself (if I am a student 18 years of age or older) for use in any and all district publications, including newsletters, calendars, media projects, brochures and the school/district Web sites.

Signature of parent/legal guardian or student (if over 18)

Date

Address _____

Phone _____

***** PLEASE RETURN THIS FORM TO SCHOOL AS SOON AS POSSIBLE *****

If we do not receive this form back, we will assume that you do not wish for your child to be photographed. This form will be kept on file at your child's school. If a situation arises that may change your child's status regarding publicity, please notify the school and the district Communications Office in writing as soon as possible.