

AUTHORIZATION AND RELEASE FORM

_____ Yes, I give permission for my child's photograph to be included in all the Edgewood City Schools' publications including but not limited to newsletters, website, district publications, etc. for Board of Education sponsored educational purposes.

_____ No, I do not give permission for my child's photograph to be included in all the Edgewood City Schools' publications including but not limited to newsletters, website, district publications, etc. for Board of Education sponsored educational purposes.

(Name of Student)

(Parent Signature)

(Date)

(Parent Signature)

(Address)

(City, State, Zip Code)

(Telephone)