Minor School Photo Release Form

Parent/Guardian Consent	
I, (Pai	rent/Guardian Name), grant
permission for my child's photograph to be taken, store	ed, and used by (School
Name) for educational and promotional purposes.	
Minor's Information	
Child's Name:	
Grade/Class:	
Teacher's Name:	
Date of Birth: //	
Purpose of Use	
My child's image may be used for:	
☐ Yearbooks	
☐ Class Photos	
☐ School Website	
☐ School Social Media	
☐ School Newsletters	
☐ Other:	
Conditions of Release	
Images may appear in both printed and digital formats a	and may be shared with
school-affiliated organizations. No right to inspect mate	erials before use is
granted.	
Duration of Consent	
$\hfill\Box$ Consent remains valid for my child's entire enrollme	nt at the school.
☐ Consent is valid until / /	

Withdrawal of Consent

This consent may be revoked in writing at any time by submitting a request to the school administration.

Parent/Gua	ardian Signature	
Signature:		
Date:	<i>I I</i>	
School Rep	oresentative Name:	
Signature:		
Date:	<i>1 1</i>	