

## MEDIA PUBLICATION AGREEMENT

Student's

Name: \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

Check *ONE* box only:

- I am the person named above. I am over the age of eighteen years.
- I am the parent/legal guardian, or other person having full authority to sign this release for the above-named person.

On behalf of the above-named student, I hereby grant permission to use his/her name, voice, likeness, photographs, and work (including but not limited to papers, poems, articles, and quotes) for purposes of:

- Newspapers, magazines, other print publications
- Television or radio
- Internet or computer network
- Presentation for teaching, staff development, or professional conference
- Public display or performance

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Parent Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you have any questions please contact our Communications Department at 972-264-6141.