

**SIGNING THIS FORM IS OPTIONAL. SIGN AND RETURN THIS FORM ONLY IF
YOU DO NOT WISH TO HAVE INFORMATION RELEASED.**

STUDENT MEDIA RELEASE FORM

Throughout the school year, students may be recognized or displayed in various District or School sponsored publications (print, electronic, film, video, audio, etc.) to promote TUHSD activities and achievements or to inform the community about school and District matters. The District may also prepare press releases for outside media groups to recognize students and their achievements or to inform the community about school and District matters.

On rare occasions, the District may also authorize various non-District groups (including outside media or other third parties) to film, make other recordings, or conduct student interviews on District or school property during the school day. In these circumstances, a District or School administrator is present to supervise the activity, and when possible, parents will be notified in advance of any recording or interview.

Please note: The District has no control over recordings made of your student outside of school or District property, at public events and activities, after school hours, or by unauthorized students or third parties.

I acknowledge that failure to return this form within two (2) weeks from the date of distribution will constitute approval for the District (including District and school sponsored groups) to use or release the video, photographic, and/or audio representation, as well as name and likeness of my child [or of me (if student is at least 18)] for in District or school sponsored media releases, publications, social media, website(s), etc.

TO: PRINCIPAL:

MY SIGNATURE BELOW INDICATES THAT (CHECK ALL THAT APPLY):

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- ☐ I do not consent to the District (including District and school-sponsored groups) to use the information listed above.
- ☐ I do not consent to authorized third party use of the information listed above.

STUDENT NAME: _____ **ID NUMBER:** _____
(PLEASE PRINT)

**PARENT/LEGAL GUARDIAN/
ELIGIBLE STUDENT SIGNATURE:** _____ **DATE:** _____