

PARENT/GUARDIAN CONSENT FORM

We are sending you this parental consent form to request permission for your child's photo/image or name to be published on the district and/or school's web site, in newspapers and on the local access television station (UTTV, Channel 2).

The three individual schools of the Upper Township School District are very proud of the many academic and social programs that we facilitate for your children and we would like to celebrate their achievements by utilizing the above-mentioned mediums of communication.

The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. If you have any other questions or concerns regarding this form, please contact your child's principal at your convenience.

PLEASE CHECK **ONE** OF THE FOLLOWING CHOICES:

I/We grant permission for this student's **NAME AND/OR PHOTO** to be published for honor roll or other recognizable situations *without* any other personal identifiers to be published on the district's web site, on the local access television channel and/or in the newspaper.

I/We grant permission for this student's **NAME** to be published for honor roll or other written recognition *without* any other personal identifiers to be published on the district's web site, on the local access television channel and/or in the newspaper.

I/We grant permission for this student's **PHOTO** to be published for honor roll or other recognizable situations *without* any other personal identifiers to be published on the district's web site, on the local access television channel and/or in the newspaper.

I/We **DO NOT** grant permission for this student's **NAME OR PHOTO** to be published for honor roll or other recognizable situations *without* any other personal identifiers to be published on the district's web site, on the local access television channel and/or in the newspaper.

Student's Name (please print): _____
Homeroom: _____
Parents'/Guardians' Name: _____
Parents'/Guardians' Signature: _____
Relation to student: _____
Date: _____

IMPORTANT: PLEASE RETURN TO YOUR SCHOOL'S OFFICE AS SOON AS POSSIBLE. IF THIS FORM IS NOT RETURNED, IT WILL BE ASSUMED THAT YOU DO NOT GRANT PERMISSION TO PUBLISH YOUR CHILD'S IMAGE OR NAME.