



PULASKI COUNTY SPECIAL SCHOOL DISTRICT

925 East Dixon Road, Little Rock, AR 72206 • 501.234.2000 • Website: pcssd.org

STUDENT PHOTO RELEASE

I the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my consent to the disclosure or publication by the Pulaski County Special School District of directory information, as defined in Policy No. 4.13 (Privacy of Students' Records), concerning the student named below. The district is required to continue to honor any signed opt-out form for any student no longer in attendance at the district.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the current school year or the date the student is enrolled for school in order for the District to be bound by this objection. **Failure to file this form within that time is a specific grant of permission to publish such information.**

- Yes**, I give consent for my child to participate in interviews, photos, videotaping, school/district publications, newspaper articles, and local media coverage. I also agree that I and/or my child shall have no legal or economic right, title, or interest in the photos, videotapes, film, publications, or interview content, nor any intellectual property right in these matters, nor may I bring any claim or cause of action for damages or injuries against the District resulting from the gathering or dissemination of these photos, videotapes, film, publications, including interview content. I understand I and/or my child will not receive any monetary compensation from PCSSD nor from media organizations from distribution of these media. I, as parent/guardian, waive the right to preview or approve the finished photographs, video, or publications.
- No**, my child may not be interviewed, photographed, videotaped, or included in school/district publications, newspaper articles, or local media coverage for the above described Special Project/Event.

Please understand that if your child cannot be photographed for publication on our websites and other media, he/she may be asked to step-out of some class photos and be unable to participate in other publicity opportunities. Please talk with your child about this to help eliminate sadness or misunderstanding.

Name of student (Printed)

Signature of parent (or student, if 18 or older)

Date form was filed (To be filled in by office personnel)