Community Unit School District #3, Fulton County

Middle/Senior High School | 20325 N. IL 97 Hwy. Cuba, IL 61427 | 309-785-5023 Elementary School | 652 E. Main St. PO Box 80, Cuba, IL 61427 | 309-785-8054

Photo/Media Release Form

To protect the privacy and safety of CUSD #3 Fulton County students, personal information about students (including but not limited to: home address, e-mail addresses, birthdate, and phone number) will never be published on any CUSD #3 web page or disseminated to outside organizations or media outlets under any circumstances.

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

Student names and photos, video/audio recordings of students and/or examples of student work may be published on official school publications or web pages, or shared with school-approved news media with parent/guardian permission below:

Release:

I hereby grant CUSD #3 permission to use, reproduce, and/or identify any and all photographs and audio/video recordings taken of my student in conjunction with their involvement in Cuba Schools' activities in school newsletters, brochures, web pages, flyers and other publications, or any outside, school-approved news media as indicated below. This consent is valid for the entire time my student is enrolled at CUSD #3, Fulton County, and I may revoke this consent at any time by notifying the Building Principal.

Please print names, confirm consent, sign and retu	rn to your student's school office.
Student Name Parent N	ame
This certifies that I, as parent/guardian with legal response	nsibility for this student:
do consent and agree to allow my child's phoused in school media.	colvideolaudio recording and name to be
do consent and agree to allow my child's pho only) to be used in school media.	to/video/audio recording (unnamed media
do not consent to allow my child's photo/video/	audio recording to be used in school media.
Parent/Guardian Signalure	Date

If this signed form is not returned, it is assumed that you grant full consent to CUSD #3 to utilize photo/video/audio of your student as outlined above.

