

SOMERVILLE PUBLIC SCHOOLS

PHOTO / PUBLICITY / NAME USE RELEASE FORM

____ Yes, I give permission to the Somerville Public Schools to create and use images of my child, along with my child's name, for any lawful purpose and in any form or medium (such as newspaper, internet, cable television, etc.) in conjunction with any promotion of school events and his/her individual achievement.

____ No, I do not give permission for the school department to photograph, audio tape and/or use my child's name in any print or electronic media.

Name of Student: _____
(Last Name) (First Name)

School: _____ Grade: _____

Name of parent or legal guardian: _____
(last name) (first name)

Address: _____

Relationship to child: _____

Signature of Parent / Legal Guardian: _____

Date: _____