



Caswell County Schools

Parent / Guardian's Photo/Video Release Form

I, _____, am the
Parent/Guardian's Last Name First Name Middle Initial

parent or legal guardian of:

Student's Last Name First Name Middle Initial

Attending school at _____
School Name

And I do hereby grant Caswell County Schools the unlimited right to use and publish my child's image, either on video or photograph, in any legal manner and for internal or external promotional and informational school activities in web sites, news letters, flyers, instructional videos, and other school related materials.

Parent/Guardian's Signature

Date