



Photograph/Videotape Permission Form

I give permission for my child _____,
who attends _____
School in Orangeburg Consolidated School District
Five, to have photographs or videotape taken that may
or may not be used in the newspaper, district
publication, or for other purposes such as those listed
below:

**Signature of Parent
or Guardian** _____ **Date** _____

Address _____

Phone Number _____

Please return this form to: _____

