



Robert E. Howard Middle School



M e d i a C o n s e n t F o r m

Student's Name: _____

Current Grade: _____

Dear Parent(s) / Guardian(s):

Throughout the year, Orangeburg Consolidated School District Five receives requests from newspapers, television, and radio stations for stories concerning school-related activities. Often such requests include permission for students' name and/or their pictures in various school newsletters, brochures, videos, web sites, or other publications to recognize their accomplishments and other school-related activities.

Please place a check mark below which will indicate whether you **do or do not** grant permission for the release of your child's name and/or picture for the purposes stated above, and return this form.

_____ I **DO** grant permission for my child that attends Robert E. Howard Middle School to have his/her picture released for the purpose stated above. My child's name and/or photo **may** be used.

_____ I **DO NOT** grant permission for my child that attends Robert E. Howard Middle School to have his/her name and/or picture released for the purpose stated above. My child's name and/or photo **may not** be used.

Parent/Guardian Signature

Date