

**Jefferson County Schools**  
P. O. Box 190  
Dandridge, TN 37725  
(865) 397-3194

**AUTHORIZATION FOR NEWS MEDIA CONTACT**

I hereby give Jefferson County Schools full, unrestricted authorization to allow

my minor child identified below, a student at \_\_\_\_\_  
(Print name of school)

to appear in still and motion pictures for publication and broadcast by the news media. I also give full and unrestricted authorization for my minor child to speak with members of the news media as may be deemed appropriate by representatives of Jefferson County Schools. I understand that in dealing with the news media, I have no right to inspect and approve final use of materials covered hereunder. I have read and understand this release, and certify that the information provided is true and accurate.

**STUDENT:**

\_\_\_\_\_  
(Print name of student)

**PARENT AND LEGAL GUARDIAN:**

\_\_\_\_\_  
(Print name of parent or legal guardian)

\_\_\_\_\_  
(Signature of parent or legal guardian)

**DATE:** \_\_\_\_\_