New Hanover County Schools

CONSENT TO RELEASE PHOTO/IMAGE

Dear Parent/Guardian:

During the current school year, your child’s image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as a demonstration project/activity in education workshops/classes/conferences
- Used as a sample project/activity on CD’s created by New Hanover County for use in education workshops and student classrooms
- Posted on the school or NHCS web pages on the Internet
- Submitted as samples to program publishers or as contest entries to sponsors
- Appear on videotape made during a student presentation of their project, or in broadcasts or videotapes demonstrating computer multimedia in general
- Videotaped to appear in a school related program to be used by a local television station or school/county project
- Used in a printed publication such as a newspaper or magazine

While your child’s name may accompany the photo, no last name or address will be included with your child’s picture when publishing on the Web.

There is no monetary compensation for the use of the work, but it will help many teachers get more use out of their computers, and show other students a good example of what can be. Please sign the release form below and return this sheet to your child’s school. Your permission grants us approval to publicize without prior notification and remains in effect until revoked. Thanks!

Release Form

I/We DO give permission for ____________________________’s image/photograph or work to be used a described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

I/We DO NOT give permission for ____________________________’s image/photograph or work to be used a described above.

Parent/Guardian Name ____________________________  Please print clearly

Parent/Guardian Signature ____________________________

Address _______________________________________

City, State, Zip Code ____________________________

Phone Number ____________________________ Date ____________________________

Please return this form to your child’s teacher.

DATE _______________________________________

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