

BRICK TOWNSHIP PUBLIC SCHOOLS
Brick, New Jersey

MEDIA PERMISSION

Please fill out the form below, indicating that permission of the parent/legal guardian is given for the student's picture and/or name to appear in these media presentations: BTV, Channel 20, local newspapers or radio. This permission can be modified or rescinded at anytime by written request from parent or guardian.

If you have any questions, or require any additional information, please feel free to contact Central Administration, at 732-785-3000 EXT 1022.

PLEASE RETURN TO THE MAIN OFFICE OF YOUR CHILD'S SCHOOL.

Student's Name: _____ Student's Grade: _____
(Please Print)

Parent/Guardian: _____
(Please Print)

Parent/Guardian: _____
(Signature)

Please check one.

- I/We **GRANT** media permission for this student to participate in activities that may be covered by the media.
- I/We **DO NOT GRANT** media permission for this student to participate in activities that may be covered by the media.

Parent/Guardian: _____
(Signature)

Relationship to Student: _____

Date: _____