



Atlantic Coast High School

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Debra W. Lynch
Principal

RELEASE DCPS PRODUCTION

I, _____, hereby authorize the videotaping/filming/photography of myself and/or the release of my name and achievements(s) for educational and other bona fide related purposes. I also consent to the showing of the video/film/photographs and/or other information in printed, website, visual or audio media for presentations by Duval County Public Schools without further consent from me. I agree that such images shall be the property of Duval County Public Schools.

Student Signature Class of 20_____

Parent Signature (if student is under 18)

Print Name

Print Name

Date

Date

Please print and sign then return to the Student Union