Volusia County Schools **NEWS MEDIA RELEASE**

The undersigned hereby authorizes the School District of Volusia County to permit his/her child, named below, to be interviewed, photographed, videotaped and/or sound recorded by members of the news media, with the understanding that the results of these interviews, and such photographs, videotapes or other recordings may be used by the media in any publication and/or newscast, including but not limited to, printed publications, television broadcasts and radio broadcasts. This authorization shall be effective:

(stat	te the length of time during which	the authorization will be in	ı effect)
Name of Child (please	e print)		
I represent that I am t	this child's parent (guardian), and	I agree to the foregoing or	n his/her behalf.
Name of Parent/Guar	dian (please print)		
Signature		 Dat	:e

2005-036-VCS

Revised: 8/2004

Community Information