



# Mt. Lebanon School District

7 Horsman Drive  
Pittsburgh, PA 15228

## Student Media Release Form

I HEREBY GRANT PERMISSION TO THE MT. LEBANON SCHOOL DISTRICT TO ALLOW MY SON/DAUGHTER TO BE (*VIDEOTAPED/ PHOTOGRAPHED/INTERVIEWED/POSTED ON WEB*) BY (*GROUP*) FOR (*PUBLICATION/EVENT*).

PLEASE RETURN THIS FORM TO (*NAME*) BY (*DATE*).

PARENT SIGNATURE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_