



WASHOE COUNTY SCHOOL DISTRICT
TRANSITION PROGRAMS OFFICE

MEDIA CONSENT TO RELEASE FORM

Dear Parent of Guardian:

We have received a request from _____

to videotape or photograph some of our students. While we like to honor such requests, we do so only with your written permission. Will you assist us by indicating your approval for your child's picture being used?

Thank you for your cooperation.

Yes, permission is granted for my child _____
(please print your child's name)

No, permission for my child is denied _____
(please print your child's name)

Signature of Parent/Guardian

Date

Please return this form to: _____

Washoe County School District/Transition Programs
219 E. Plumb Lane
Reno, NV 89502