

,

Student's Last Name

First Name

School

Grade



Fall River Public Schools  
417 Rock Street  
Fall River, MA 02720

## Permission to Publish Student Information

This letter is to both inform you and request permission for your child's picture, voice, video, work and/or full name to be published on the Fall River Public School's website and/or other print/news media outlets. Student images/work are used to promote student activities and celebrate student work. However, there are potential dangers associated with posting personally identifiable information because the School District cannot control who may view these media outlets.

Accordingly, the Fall River Public Schools will not release any information without prior written consent from you the legal guardian. Please return this form to your child's teacher or Principal to indicate that your child's picture, voice, video, work and/or full name maybe used for publishing. This permission will be applicable to any use of your child's picture, voice, video, work and/or full name in the school year in which permission is given and will remain in effect until the child's image, work, and/or name is removed from the published media. As a parent or legal guardian, you may withdraw your consent at any time by sending a written letter, along with a new form, to the principal of your child's school. Thank you for your anticipated cooperation.

\*Please select all you wish to grant permission for:

First Name

Child's Work with First Name

Child's Image/Video with First Name

Full Name

Child's Work with Full Name

Child's Image/Video with Full Name

Child's Work with no Name

Child's Image/Video with no name

Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Name (Please Sign )

Date

(please make sure you sign this form after printing and return it to your child's school.)