



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 staff of Volusia County Schools, community organizations, and members of the news media, with the understanding that the results of these interviews, photographs, videotapes and/or other recordings may be used in any publication, television/radio broadcast, public presentation, website and/or social media platform.

Valid for the 20____ - 20____ School Year

Last Name First Name Middle Initial

School Student ID Grade

I represent that I am this child's parent/guardian, and I agree to the foregoing on his/her behalf.

Parent/Guardian Name (please print)

Parent/Guardian Signature Date



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