



MIDDLE TOWNSHIP PUBLIC SCHOOLS PARENTAL/GUARDIAN PUBLICITY CONSENT FORM

Dear Parent/Guardian:

In an effort to publicize the numerous and varied achievements of our students, the Middle Township School District routinely seeks publicity for their accolades, activities and community outreach projects. The form below will verify your consent to have your child's photo/image and personally identifiable information (name, school, grade) used for publicity purposes in district publications and local newspapers, as well as in programming featured on our local cable television stations and district website. The law requires that we receive your permission to disseminate images and information about your child.

Please be aware that the policy of the Middle Township Public Schools does **NOT** allow for the release of residential addresses, email addresses or phone numbers to the media. The district uses full names for general publicity purposes in information that is shared via photos and videotapes with the community through press releases, public presentations, district website and local programming. Student work (art, writing, etc.) may also be disseminated.

Should you, as a parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school. Such rescission will take effect upon receipt of the letter by the school.

We are grateful for your cooperation and look forward to promoting the many student accomplishments that annually emerge from the Middle Township Public Schools. Please feel free to call me directly with any questions or concerns.

Please check one of the following choices:



I **GRANT** permission for my child's photo/image and all other personal identifying information as described above to be published in district publications, local newspapers, district website and on local cable television.



I **DO NOT GRANT** permission for my child's photo/image to be published in district publications, local newspapers, district website and on local cable television.

Student's Name: (please print) _____

Student's School: _____ Student Grade: _____

Print Name of Parent/Guardian: _____ Relationship to Student: _____

Signature of Parent/Guardian: (please sign) _____

Date: _____ Parent/Guardian phone number (day) _____ (evening) _____

Please return this form to your child's school upon completion.