



Communications & Community Initiatives
Consent and Release Form
Authorization to Photograph or Record Student

I, _____, the undersigned parent, guardian, or legal custodian of _____, a minor child, who is presently a student in the school district of Alachua County, Florida, hereby grant the School Board of Alachua County, its officers and employees, permission for my child to be photographed and/or recorded in connection with any and all school activities. I understand the photographs and/or media productions may be used for purposes including but not limited to public service announcements, school publicity, and other programs shown to the general public.

I understand that my execution of this Authorization serves as a waiver of privacy rights otherwise available pursuant to the Section 1002.22, Florida Statutes, and other applicable law, for the purposes herein expressed.

Signature of parent/guardian/custodian

Date