PARENT PERMISSION FORM MEDIA COVERAGE, COPYRIGHT PERMISSION —KDDB-E1



If you are electing to "opt out" of any of the below items, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not "opting out."

necessary if you are not "opting ou	ıt."	
I do not give permission for my chi	ld to:	
Be interviewed for publication by:		
Division, school, staff websites and social media accounts (fundraising, newsletters, websites)		
Media (newspaper, radio, TV)		
Be photographed and/or appear on video for	or publication by:	
Division, school, staff websites and social media accounts (fundraising, newsletters, websites)		
Media (newspaper, radio, TV)		
Copyright:		
Have my child's work published by the media or the division		
Please note:		
Parents who indicate "no" by checking any o decision with their child and indicate to the o	•	
Student name		
Parent name	Parent signature or student signature if 18 years of age or older	Date
School name	Homeroom teacher/advisor	Date
THIS FORM WILL BE APPLICABLE UNTIL THE	END OF THE CURRENT SCHOOL YEAR.	

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