

School Year: 2021-2022

PHOTO PERMISSION FORM

Student's Name: _____ D.O.B. _____
(Please Print)

_____ I **AUTHORIZE** HollyDELL School to take the following pictures (check all that apply) of my son/daughter for publications that may or may not be released to the public. The purpose of the pictures will be to stress the positive activity of my son/daughter while attending HollyDELL School.

Check all that apply:

- _____ media – such as TV
- _____ video/audio recordings
- _____ photographs – in school use (electronic/digital)
- _____ video yearbook
- _____ website/internet/Facebook
- _____ publications such as newspaper; magazines

_____ I **DO NOT AUTHORIZE** HollyDELL School to take pictures of my son/daughter.

Signature of Parent/Guardian: _____

Parent/Guardian Name: _____
(Please Print)

Date: _____