

# Great Revelations Academy Photograph and Video Release Form

Throughout the school year, there may be times when Great Revelations Academy staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/video record students, or interview students for school related stories in a way that would individually identify a specific student. Those photographs and/or videotaped images or interviews may appear in School publications, in School video productions, on the School website, on School authorized social networking sites, in the news media, or in other organizations' school related stories or articles.

To authorize your child's photograph and/or videotaped image or interview to be used for these purposes, please complete this form and return it to the school.

I hereby grant unto Great Revelations Academy permission to use my child's photograph and/or videotaped image or interview for the purposes mentioned above. I understand and agree that Great Revelations Academy may use these photos and/or videotaped images or interviews in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant unto Great Revelations Academy permission to permit my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school related stories or articles.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_