



LAKELAND SCHOOL DISTRICT
1355 Lakeland Drive
Scott Township, Pennsylvania 18433
Telephone: 570-254-9485
Fax: 570-254-6730

MEDIA RELEASE FORM

Student Name: _____
Print Name

Grade: _____

The Lakeland School District is committed to protecting the privacy of all students and their families. This form is provided to offer our parents/guardians the right to choose not to have your child's image or name used in print for internal school purposes such as newsletters, school and district presentations, district advertisements, district web sites, etc., or in the public news media such as newspapers, television, radio, etc.

YES, I allow my child to be photographed, videotaped, or recorded.

NO, I DO NOT want my child to be photographed, videotaped, or recorded.

If this form is not returned within two weeks of enrollment/start of school year, you are giving full and complete permission, without reservation or restriction, for your child to be photographed (still or motion), and/or to be recorded (audio or video) and/or their name listed in any media format by employees of the Lakeland School District, its education partner organizations and/or agents of the media.

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian