

Information/Photograph Release Form

This form is to be submitted with any information about or photograph(s) of a student, which may be used in various SBCSS ROP/CTSS media.

Date _____ Submitting District _____

Student's name (**please print**) _____

I _____ give authorization and consent for the San Bernardino County Superintendent of Schools Regional Occupational Program (SBCSS ROP) and organizations or associations connected with SBCSS ROP to use my name, photograph(s), video camera recordings, and interview comments for use in educational, promotional and publication purposes. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisements, news releases and newsletters, slide shows, video presentations and the **World Wide Web**.

Student's Signature

Parent/Guardian Signature (if student under 18)

ATTENTION ROP STUDENT

If you are under 18, your parent or guardian must sign.

Please complete the Information/Photograph Release if you are:

- 1) Submitting an article to SBCSS ROP; or
- 2) Have been nominated for the SBCSS ROP Distinguished Student Award.

SBCSS ROP will forward a copy to: Marina Jimenez, SBCSS Publications Department