



1390 CAVALIER WAY
ROEBUCK, SOUTH CAROLINA 29376

TELEPHONE (864) 576-4212
FAX (864) 574-6265

PUBLIC RELATIONS RELEASE

Date: _____

As a parent or legal guardian of _____, I grant permission for my student to participate in the following public relations activities: (please check all that apply)

- _____ Interview with print media
- _____ Photograph by print media
- _____ Taping for television use
- _____ Taping for school/district use
- _____ Photograph for school/district use
- _____ Use of name in school or district newsletter

I understand that this activity has been approved by school authorities and will be monitored by school officials.

Parent Signature: _____

As a parent or legal guardian of _____, I **DO NOT** grant permission for my student to participate in any public relations activities.

Parent Signature: _____

WEB PUBLICATION RELEASE

As a parent or legal guardian of _____, I understand that my student's writing, artwork, or personal picture may appear on our school or district webpage. No home address, telephone number or other personal information will appear with their picture or work. If it is writing or artwork, I understand that there will be a copyright notice prohibiting the copying of such work without express written permission. In the event that anyone requests such permission, those requests will be forwarded to the parent/legal guardian.

I give my permission for the publishing as described above.

Parent/Guardian Signature: _____

Student Signature: _____

As a parent or legal guardian of _____, I **DO NOT** grant permission for my student to have writing, artwork or personal pictures appear on the school or district webpage.

Parent Signature: _____