

Please return this form to your school building's office.

Fleetwood Area School District

Decline Permission to Use Student Work/Photographs

Name of Student _____

School _____ Grade ____ School Year _____

Throughout the course of the school year, the Fleetwood Area School District may initiate coverage of school activities through various forms of print or electronic media such as newsletters, yearbooks, local newspapers, articles, flyers, web pages, and television broadcasts. The coverage may include student work, photographs of students, video/audio of school events, as well as identifying information such as student name, grade level and school name. Permission is implied to be granted *unless* this form is completed and returned to your student's building office on an annual basis.

By signing and returning this form, I hereby notify Fleetwood Area School District that my student's work and any images of my child are NOT to be published or shared in the manner stated above. I understand that this form must be completed for each student and must be done on an annual basis.

Parent/Guardian Signature _____

Date _____