



educational service center
of Central Ohio

Student Photography Release Form

We request permission for your child, _____, to have his/her picture taken or to be videotaped by school staff or local news organizations during the 2018-2019 school year. If permission is granted, your child's photograph may be used in publications and promotional pieces for print and electronic media.

_____ Yes, I give my permission.

_____ No, I do not give my permission.

Teacher's Name: _____

School: _____

Parent/Guardian Signature: _____

Date: _____