



## Catasauqua Area School District Student Photo Release Form



### RE: In-District Publications

Throughout the school year, opportunities present themselves for photographs to be taken for various academic and non-academic purposes including/but not limited to: newsletters, videos, district web pages, student teacher portfolios, programs, field trips, and classroom activities. These photos may appear as small groups of students or individuals. Students recognized by name in any photo or video would be done with parental permission. No personal information, other than student/parent names, will be disclosed in any publication. If additional information is requested, it must be first approved, in writing, by parents/guardians.

Please sign below indicating your preference to the above.

\_\_\_\_\_ I give permission for my child to be photographed and recognized by name in individual or small group settings in the Catasauqua Area School District.

\_\_\_\_\_ I **DO NOT** give permission for my child to be photographed and recognized by name in individual or small group settings in the Catasauqua Area School District.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date)

-----

### RE: Out of District Publications

Throughout the school year, opportunities present themselves for photographs, or video recordings to be taken by local news media for the purpose of publicizing and promoting the Catasauqua Area School District. These publications can appear in local newspapers or TV broadcasts. No personal information, other than student/parent names, will be disclosed in any publication. If additional information is requested, it must be first approved, in writing, by parents/guardians. Only students with parental permission will be photographed or videotaped.

Please sign below indicating your preference to the above.

\_\_\_\_\_ I give permission for my child to be photographed and recognized by name in individual or small group settings in the Catasauqua Area School District.

\_\_\_\_\_ I **DO NOT** give permission for my child to be photographed and recognized by name in individual or small group settings in the Catasauqua Area School District.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date)