

PERMISSION FORM FOR MEDIA COVERAGE

Appendix 5
Revised 2/99

Student's Name: _____

The North Central Kansas Special Education Cooperative and/or USD # _____ has our permission to include our child in media coverage arranged by the school administration and/or the child's teacher.

Initialed below is the media coverage allowed. (Please initial all six boxes unless there is a specific activity you object to.)

Written (named mentioned in print media)

USD _____ publication only (e.g., school newsletters)

External publications (e.g., newspapers)

Visual (still photographs, videotapes, slides)

USD _____ use only (e.g. photo in school newsletter, yearbooks)

External use (e.g. presentation videos and TV coverage of school activities)

Signature of parent or guardian: _____

Relationship if student is a minor: _____
(father, mother, guardian, etc)

Date: _____