

**BUFFALO PUBLIC SCHOOLS
SCHOOL DISTRICT RELEASE FORM:
STUDENT INTERVIEWS, PHOTOGRAPHS AND VIDEOTAPES**

Dear Parents/Guardians:

Please complete and return the bottom of this form to your child's teacher as soon as possible.

Thank you for your cooperation.

Sincerely,

Principal

Please check only ONE item:

[] I hereby consent that interviews, photographs and/or videotapes of my child may be taken or used by the Buffalo City School District only for public relations, educational or other purposes consistent with the purpose and mission of the Buffalo City School District, including publication on the Buffalo City School District website.

I further agree that said materials shall become the property of the Buffalo City School District, and I hereby release and discharge the Buffalo City School District and its representatives from any and all claims that may arise by reason of taking of said interviews, photographs and/or videotapes.

[] I do not give permission for my child to be interviewed, photographed, and/or videotaped for Buffalo City School District purposes.

CHILD'S NAME _____

HOMEROOM TEACHER _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____