

**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 \_\_\_\_\_

**BUFFALO PUBLIC SCHOOLS  
OUTSIDE NEWS MEDIA REPRESENTATIVES RELEASE FORM:  
STUDENT INTERVIEWS, PHOTOGRAPHS AND VIDEOTAPES**

Dear Parents/Guardians:

Periodically outside news media representatives desire to do a feature or news story on an educational or safety topic concerning our schools. It is not unusual for photographs and/or videotapes of our students to accompany these articles for print or broadcast purposes.

The date, location, type of media release, and purpose for which parental/guardian consent is requested is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 give permission for my child to be interviewed, photographed and/or videotaped by outside news media representatives for press or media print or broadcast purposes as indicated above.

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

[ ] I do not give permission for my child to be interviewed, photographed, and/or videotaped by outside news media representatives for press or media print or broadcast purposes as indicated above.

CHILD'S NAME \_\_\_\_\_

HOMEROOM TEACHER \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_