



1225 Oak Street, Columbia SC 29204 - Ph (803) 231-6934 Fax (803) 231-6880

## MEDIA RELEASE FORM

Dear Parent(s) or Guardian(s):

Throughout the year, the Office of Extended Day Programs receives requests from newspapers, magazines, television and radio stations for stories concerning afterschool programs. Often, such requests include permission for students' names and/or pictures to be used as part of a news account or a feature story. Additionally, the Office of Extended Day Programs would like to use the names of Extended Day/Afterschool Program Participants for various publications and the internet homepage.

The release of directory information to the media is currently authorized under the Family Educational Rights and Privacy Act (FERPA). In order to ensure that we have your permission to release your child's name and/or picture to the media, the District needs your written consent and authorization. Please indicate below whether or not you will consent to the release of your child's name and/or pictures for the purposes stated above.

\_\_\_\_\_ **I grant permission** for my child's name and/or picture to be used in newspaper, magazine, television, radio coverage, and on the District's internet homepage for stories/activities related to Afterschool. I further agree to hold the District and its Board of Trustees, employees and agents, harmless should I have any claim regarding the use of my child's name and/or picture in any type of news coverage or story.

**I understand that I may withdraw my permission for my child's name and/or picture to be featured in printed documents at anytime through a written request to the Office of Extended Day Programs. Upon receipt of my request, no additional items will be printed that features my child and he/she will be removed from internet homepage. Already published items may not be able to be retracted.**

\_\_\_\_\_ **I do NOT grant permission** for the release of my child's name or picture for the reasons stated above. I understand that this will prevent my child from receiving recognition for accomplishments through the channels described.

School: \_\_\_\_\_ Student: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_