



educational service center  
*of Central Ohio*

## Student Photo/Video Release Form

We request permission for your child, \_\_\_\_\_, to have their picture taken or to be videotaped by school staff or local news organizations during the 2023-2024 school year. If permission is granted, a photograph or video recording of your child may be used in publications and promotional pieces for print and electronic media.

\_\_\_\_\_ Yes, I give my permission.

\_\_\_\_\_ No, I do not give my permission.

Teacher's Name: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_