

Loyalsock Township School District

Student Photo Release Form

Student Last Name: (please print) _____ First Name: _____
Date: _____

This form is requested for all students who may be photographed or filmed during one or more activities of the Loyalsock Township School District. Appropriate signatures on this form will allow the student's photograph, voice, and/or image to be used by the District in connection with its promotional materials. The consent to the use of student images is intended to extend only to the Loyalsock Township School District, and not to be assigned to any other entity without the consent of the student or student's parent/guardian.

I hereby consent that the photograph, voice or image of the above student may be used by the Loyalsock Township School District for publication, display and/or broadcast as set forth above. This consent shall include, but shall not be limited to, local newspapers, district websites, and local television stations.

Please place an X on the appropriate line:

_____ Yes, I consent. _____ No, I do not consent.

Signature of Student: _____ Grade Level: _____

School: Loyalsock Township High School Age of Student: _____

Signature of Parent/Guardian (if student is under 18) _____