



Communications & Community Initiatives

**Consent and Release Form  
Authorization to Photograph or Record Student**

I, \_\_\_\_\_, the undersigned parent, guardian, or legal custodian of \_\_\_\_\_, a minor child, who is presently a student in the school district of Alachua County, Florida, hereby grant the School Board of Alachua County, its officers, employees and approved media representatives permission for my child to be photographed and/or recorded in connection with any and all school activities. I understand the photographs and/or media productions may be used for purposes including but not limited to public service announcements, school publicity, and other programs shown to the general public.

I understand that my execution of this Authorization serves as a waiver of privacy rights otherwise available pursuant to the Section 1002.22, Florida Statutes, and other applicable law, for the purposes herein expressed.

School that student is associated with: \_\_\_\_\_.

\_\_\_\_\_  
*Signature of parent/guardian/custodian*

\_\_\_\_\_  
*Date*