



YUBA CITY UNIFIED SCHOOL DISTRICT

750 Palora Avenue · Yuba City · California · 95991 · (530) 822-5200 · Fax (530) 671-2454

Nancy H. Aaberg, Superintendent

PHOTO/VIDEO/WEB SITE RELEASE PREFERENCE FORM

School Name _____

Student Number _____

Dear Parent/Guardian:

On occasion, representatives from the media or the Yuba City Unified School District wish to photograph, videotape, and/or interview students in connection with school programs or events. Educating the public is one of our objectives. The entire community benefits from knowing about the needs and abilities of our students and about the programs we offer to children and families. The student's last name and other personal information such as address & telephone number will NOT be published on the Internet.

In order to release student photos, video footage, and/or comments for publication on the district website, other school publications, and/or other media outlets we need written permission. This authorization will remain in effect until rescinded by parent/guardian. To give your consent, please complete the form below.

I, _____, parent/guardian of _____ give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media or the Yuba City Unified School District for the purpose of publicizing educational programs. I authorize the use and reproduction by the Yuba City Unified School District, or anyone authorized by the Yuba City Unified School District, of any and all photographs and/or videotapes taken of my child, without compensation to me/my child. All of these photographs/video recordings shall be the property, solely and completely, of the Yuba City Unified School District, to be used on their websites, school publications or other media outlets. I waive any right to inspect or approve the finished photographs/videotapes, and the sound track, script or printed matter that may be used in conjunction with them.

Signature of parent or guardian: _____ Date: _____

Address: _____

OR I am 18 years of age or older and I give my consent without reservation to the foregoing on my own behalf.

Signature of subject: _____ Date: _____

Address: _____

OR I, _____, parent/guardian of _____
DO NOT give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media or the Yuba City Unified School District for the purpose of publicizing educational programs.