

Authorization for the Release/Publication of Student Information

(To be used by school publications to secure release authorization.)

Fax to 530-295-3583

Parent/Guardian: _____

Student('s) Name: _____

Education Specialist's Name: _____

Purposed Release Date: _____

Released to publication/s: _____

1.) Circle One: **Web Newsletter** **School Website** **School Flyers**

2.) Other: _____

Content and commentary has been disclosed to the Parent/ guardian. Acceptance of this agreement is indicated by signature from legal guardian.

I, _____, legal guardian of _____

(Please Print)

(Please Print)

Do hereby authorize the release to South Sutter Charter School the following information:

Photograph or other likeness of the student is **included** **excluded** in the above-described publication.

All originals submitted to the indicated publication become the express property of the Charter school and cannot be returned.

Parent Signature

Date

This form is to be on file prior to posting/publication.