

# Authorization for the Release/Publication of Student Information

(To be use by school publications to secure release authorization.)  
Fax to 209-874-9531

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

Student('s) Name: \_\_\_\_\_

Education Specialist's Name: \_\_\_\_\_

Proposed Release Date: \_\_\_\_\_

Released to publication(s): \_\_\_\_\_

1.) Circle One:                      **Web Newsletter**                      **School/Coop Website**  
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 Connecting Waters Charter School (CWCS) the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

All originals submitted to the specified newsletter become the express property of CWCS and cannot be returned.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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