

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: **School Website** **Web Newsletter** **Student Newsletter**
 Facebook: School's Official Page **YouTube Video**

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.