



CONSENT FOR PUBLICATION OF STUDENT INFORMATION

The undersigned indicates by his/her signature on this statement that he/she gives permission to Parkway School District to use the following student information as indicated below in district publications, including but not limited to: newsletters, brochures, posters, stories by the news media, photographs, videotapes and other electronic media including Parkway-sponsored web sites. Indicate your consent for release by checking the appropriate boxes and signing below.

- PHOTOGRAPH
- FIRST NAME LAST NAME
- STUDENT-AUTHORED WORK

Student Name: _____

School: _____

Address: _____

Parent/Guardian
Name (Print): _____

Parent/Guardian
Signature: _____ Date: _____

Effective for
school year: _____

Return to: _____