



Media Consent Form

Administrative Procedure 1.B.65A

1.0 School Administration
1.B. Students

School:	
Teacher(s):	
Student Name:	
Date:	
We are requesting your permission for student listed above to be:	
<input type="checkbox"/>	interviewed
<input type="checkbox"/>	photographed
<input type="checkbox"/>	videotaped / recorded
<input type="checkbox"/>	audiotaped
<input type="checkbox"/>	other:
Purpose/How it will be used:	
I hereby grant permission for the above.	
Date:	
Signature:	
<i>(Student signature if over 18 years of age or older/Parent/Legal Guardian)</i>	