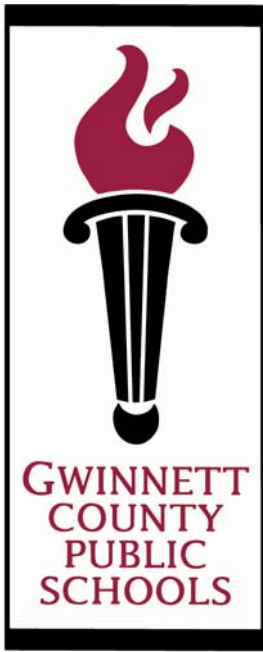


MEDIA RELEASE FORM



I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of me or my minor child by Gwinnett County Public School staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or created in the future.

(Please check one of the options below.)

_____ Yes, I give my consent.

_____ No, I do not give my consent.

Date _____

Teacher Name _____
(please print)

School _____
(please print)

Child's Name _____
(please print)

Parent /
Guardian's Name _____
(please print)

(signature)

Mailing Address _____

Telephone (home) _____

**THE MISSION OF
GWINNETT COUNTY
PUBLIC SCHOOLS**

*is to pursue excellence
in academic knowledge,
skills, and behavior
for each student,
resulting in measured
improvement against
local, national, and
world-class standards.*

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