

ARTHUR L. JOHNSON HIGH SCHOOL CLARK, NJ

Media Release Form 2016-2017

This form must be completed each school year by a parent or guardian and returned to the Main Office.

I, _____, hereby give permission for my child to be photographed or videotaped by employees or representatives of the Clark Board of Education, or by members of the media and for photos/videos to be used in displays and publications, including but not limited to: local television broadcasts and area newspapers. I understand that with the exception of school publications and productions, my child will not be interviewed for newspapers or for television reports without my consent.

Or

I, _____, request my child be excluded from photographs or video recordings used in publications or displays outside of the school.

Student's Name _____ **Grade** _____

Signature of Parent/Guardian _____

E-mail Address _____ **Parent**