



**HARRISBURG SCHOOL DISTRICT STUDENT ACADEMIC WORK AND IMAGE  
(PHOTOGRAPHING/VIDEOTAPING) RELEASE**

Return this form to your child's teacher. Checking the space provided will clearly indicate that you **do not wish to have your son's or daughter's work or image** used by the Harrisburg School District in any publication(s) including the District website, websites used for instructional purposes, school/District social media sites, and/or television station(s).

\_\_\_\_\_ (Check here if applicable)

If you **do not wish** to have your child photographed or videotaped or his/her work published by a representative of the Harrisburg School District, please check the space provided **and** complete the form below.

If **it is permissible** to photograph or videotape your child and publish his/her work, please complete **only** the form below.

Student Name \_\_\_\_\_ Building \_\_\_\_\_ Grade \_\_\_\_\_

Student Address \_\_\_\_\_

Name of Parent/Guardian (Please Print) \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**(To be filed in the school/building office with a listing of names to be forwarded to the Public Relations Office and District Administration Building.)**