

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT
Office of Communications
313-873-4542
Student Publicity Release

PLEASE PRINT ALL INFORMATION

To the parent or guardian of _____:
(Student's name)

On occasion, Detroit Public Schools Community District approved video, photographic and/or audio production crews may be present at the school or at a Detroit Public Schools Community District sanctioned activity your child attends. If you approve of your child's participation in the video/photographic/audio, productions/interviews/activities that may take place, please sign below after reading the following.

I _____,
(Print parent/guardian name)

am the parent/guardian of the above-named student. In the interest of public education, I hereby authorize the Detroit Public Schools Community District, its Board of Education, and the non-commercial production crews, acting through their authorized employees or agents, to use, publish, and copyright audio and/or visual reproductions of the above-named student's voice and/or image, alone or with other persons, with or without the use of the student's name for the sole use in an appropriate educational purpose in connection with a DPSCD authorized project. This release is in effect in perpetuity from the date _____ becomes a student of
(Student's name)

_____ until the date his/her status as a student terminates.
(School name)

I hereby release and hold the Detroit Public Schools Community District harmless from any liability, any and all injuries, claims, damages or costs arising from the use of images or recordings of any type and waive any request for remuneration.

(Parent/guardian signature)

(Date)

(Address, City, Zip)

Keep the completed form at your school.