Photography/Video Release Form

I enjoy taking pictures of my students as they grow and learn throughout the school year. I may use these photos to better assist my students’ learning or to celebrate work well done. I’d also like to display these pictures on my classroom website. Please sign the form below and note whether or not you give permission for your child to be photographed in the resource room.

Thank you,

Krista Bischoff

\_\_\_\_\_\_\_ I give permission for my child to be photographed in the resource room for the uses listed above.

\_\_\_\_\_\_\_ I DO NOT give permission for my child to be photographed in the resource room for the uses listed above.

Child’s Name:

Parent Signature:

Date: