

**SPECIAL SCHOOL DISTRICT OF ST. LOUIS COUNTY  
PERMISSION FORM – TO PHOTOGRAPH AND/OR RECORD**

**GENERAL INFORMATION**

Occasionally media may come to SSD classrooms and buildings to report on newsworthy programs and events involving our staff and students. In addition, SSD’s Communications Department may photograph and/or videotape other students and share these stories with SSD staff and families through the District’s newsletter, Web site or other publications, including social media. The information may include images and identifying information of students, educators and community partners on its Web site, and in its print and electronic publications. Parent/guardian permission is needed for SSD to use images of students under the age of 18; individual permission is needed for those students 18 years of age and older.

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As parent and/or legal guardian of \_\_\_\_\_, I hereby grant permission to the SSD and news media to photograph, tape record or videotape my child or myself and to use this photograph, voice or video recording in publications, slides, video tapes, motion pictures, newsletters, newspapers, education Web sites, news Web sites and social media. I understand that the resulting photographs, stills, slides, videotapes, motion pictures and audio tapes may be published for the purpose of instruction or informing staff, students, parents or the general public about District / school programs or events. Reasonable adjustments may be made to images, materials and formats for purposes of editorial, layout and delivery.  
 YES    NO

As parent and/or legal guardian of \_\_\_\_\_, I hereby grant permission to the SSD and news media to use my child’s name and biographical information in stories involving District / school programs or events. I understand that this information may be used in publications, television or radio broadcasts, newsletters, newspapers, education Web sites, news web sites and social media for the purpose of instruction or informing staff, students, parents or the general public about District / school programs or events.  
 YES    NO

As parent and/or legal guardian of \_\_\_\_\_, I hereby grant permission for my child to be photographed by \_\_\_\_\_ on \_\_\_\_\_ while my child is attending/participating in \_\_\_\_\_.  
 YES    NO

**SCHOOL OR ORGANIZATION INFORMATION**

**School or Organization:** \_\_\_\_\_  
**School District (If Applicable):** \_\_\_\_\_  
**Teacher’s Name (If Applicable):** \_\_\_\_\_

**PARENT/INDIVIDUAL SIGNATURE**

**Student’s name (please print):** \_\_\_\_\_  
**Student’s date of birth:** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_