



Dr. Patricia Willis
Superintendent

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Student Media Release

DCPS Productions or outside organization, including news media

I, _____, hereby authorize the videotaping/filming/photography of my child, _____, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of the video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools.

Signature

Print Name

Date