



*Mission Statement: We are committed to the success of every student!*

## **Consent and Release Form** Authorization to Photograph or Record Student

I, \_\_\_\_\_, the undersigned parent, guardian, or legal custodian of \_\_\_\_\_, a minor child, who is presently a student in the school district of Alachua County, Florida, hereby grant the School Board of Alachua County, its officers and employees, permission for my child to be photographed and/or recorded in connection with any and all school activities. I understand the photographs and/or media productions may be used for purposes including but not limited to public service announcements, school publicity, and other programs shown to the general public.

I understand that my execution of this Authorization serves as a waiver of privacy rights otherwise available pursuant to the Section 1002.22, Florida Statutes, and other applicable law, for the purposes herein expressed.

\_\_\_\_\_  
*Signature of parent/guardian/custodian*

\_\_\_\_\_  
*Date*