STUDENT MEDIA RELEASE FORM
Opt Out

Student’s Name: ___________________________________________________________
Grade: ____________________   School: ______________________________________

I **DO NOT** grant Montgomery Public Schools the right or permission to photograph, videotape, and/or use audio recordings of my child to publicize or promote the school system through its own media productions (district website, social media, printed and/or online brochures, reports, promotional videos, etc.) or through the commercial media (television, radio, Internet or print).

*Please only complete this form if you do not want your child photographed or videotaped by Montgomery Public Schools.*

Parent/Guardian Signature: _______________________________________________
Parent/Guardian Name: __________________________________________________
Date: ________________