



**MONTGOMERY
PUBLIC SCHOOLS**

**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: _____