



186 New Hope Rd
Lawrenceville, GA 30046
Phone: (678) 376-0883 Fax: 678 226-9718

www.agapejracademy2002k8ga.org

MEDIA RELEASE STUDENT INFORMATION FORM

Student's Name: _____ Date: _____ Grade: _____

Dear Parent/Guardian:

There may be occasions when we would like to publish your child's work and/or picture in the media. This may include publication in the newspaper, on video/audio broadcasts, or on our Internet Website. As the parent or legal guardian of the above named student, your permission is requested to have your child's work and/or photographs published.

Check one:

I **grant** permission to have my child's student work published in the newspaper and/or on the school's website.

I **do not grant** permission to have my child's student work published in the newspaper and/or on the school's website.

Check one:

I **grant** permission to have my child's photograph published on the school's website, as well as broadcast video productions.

I **do not grant** permission to have my child's photograph published on the school's website, as well as broadcast video productions.

Check one:

I **grant** permission to have my child's name on the school's website.

I **do not grant** permission to have my child's name on the school's website.

Signature: _____ Date: _____

Print Name: _____

Relationship: _____