**EC 24B**

**East Central Special Education**

**16th South 8th St.**

**New Rockford, ND 58356**

**Media Release**

Student Name: 

Permission is requested for the use of various media (video, tape recording, photographs, etc.) of your child for purposes of project support. You will be notified in advance (with the exception of local newspaper releases) of any public release of the media and reserve the right to refuse such public release if you believe it is not in the best interest of your child.

I, the undersigned,

 [ ] DO

 [ ] DO NOT

give permission to have my child participate in any various media coverage.

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Parent/Guardian Signature Date