2023-2024 Hillsborough County Public Schools Student Likeness Release Form



School:	Student ID Number:	
Student Name (Last, First):		
Homeroom Teacher:		Grade:
Home Address:		
City:	State:	Zip:
Telephone Number:	Email:	
Dear Parent/Guardian:		
Throughout the school year, certain I involved with special events or activiti		partners and media members may be
Hillsborough County Public Schools promotional and educational reasons participate in any of the above event this likeness release form to your child	to utilize in publications and special is or activities, you must give your	district events. Before your child can
P	lease select only one option below	:
school/district partners or sponsor grant my consent to such parties information, and/or recordings of print, and/or digital, and for any p	y child to be interviewed, photographed ors, and/or members of the general new the right to use my child's physical like f his/her voice in any media, including b ourpose including but not limited to ent otion without compensation thereof.	ws media and expressly authorize and eness, other identifying characteristics, out not limited to, broadcast, cable,
school/district, school/district par	or my child to be interviewed, photogra rtners or sponsors, and/or members of istrict publications, on the internet, or	the general news media; nor for his/her
I give my permission ONL 2022-2023 school yearbook.	f Y for my child to be photographed for a	and his/her name be published in the
Parent/Guardian Name (please print):		
Parent/Guardian Signature:		_ Date: