



**Hillsborough County**  
**PUBLIC SCHOOL**  
*Excellence in Education*

Student Media Release Form

Date: \_\_\_\_\_

School: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dear Parent/Guardian:

Throughout the school year, the media may visit your child's school to cover special events. Hillsborough County Public Schools also may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications, special district events. Before your child can participate in any of the above activities, you must give your permission by signing and returning this media release form to your child's school.

- ☐ I give my permission for my child to be interviewed, photographed, or videotaped for use in school/district publications, school district productions, or for use on the internet or by the general news media for print broadcast, or on websites; and for his/her name to be published in school/district publications, on the internet, or in news publications or broadcasts.
- ☐ I do not give my permission for my child to be interviewed, photographed, or videotaped for use in school/district publications, or for use by the general news media for print, broadcast, or on websites; nor for his/her name to be published in school/district publications, on the internet, or in news publications or broadcasts.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_

Date: \_\_\_\_\_