

Name/Photo Release Form

Please check only one of the following:

☐ I give my permission for my child's name and/or photo to appear in school sponsored publications, newspaper articles, TV Cable shows, district web page, district calendar and/or annual report while they attend the Cuyahoga Falls City Schools.

☐ I do not give permission for my child's name and/or photo to be used in the above mentioned publications.

Parent/Guardian Name_____

Signature_____Date_____