

**South Wasco County
School District 1**

Code: **JOA-AR**
Revised/Reviewed: 1/95; 12/11/13
Orig. Code(s): JOA-AR

Release of Student Information

By checking the boxes below, I give permission for the South Wasco School District to release the following personally identifiable and directory information about my student, _____, (one student per form) for the purposes identified. The consent for release is effective until revoked in writing by either party or until the named student terminates attendance at [_____].

Yearbook

(release photo/name)

Yes No

Class Picture

(release photo)

Yes No

Newsletters/News Articles

(release photo/name/article)

Yes No

Displays (includes in class, hall)

(release photo/name)

Yes No

Directories - school/parent support groups

(release names/addresses/phone number's)

Yes No

School-Use Portfolio, Audio, Video

(name/above items)

Yes No

Student Work/Publications

(release photo/name)

Yes No

Event Programs - sports, concerts, honor roll, etc.

(release photo/name)

Yes No

Club/Class/Student Body Cards

(release photo/name)

Yes No

Safety Patrol Program

(release names/photo)

Yes No

Parent/Guardian Signature

Date

Please return this permission slip to the school office.