

**FAYETTE COUNTY PUBLIC SCHOOLS**  
701 EAST MAIN STREET  
LEXINGTON, KY 40502  
(859) 381-4100

**PARENTAL PERMISSION FOR MEDIA OR DISTRICT BROADCAST, WEB OR OTHER  
PUBLICATION OF STUDENT'S PHOTOGRAPH, LIKENESS, WORK AND/OR VOICE  
FOR SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_**

*This form is used to establish formal parental permission for students and their work to be shown in photographs, audio/videotapes, and interviews with the news media, Fayette County Public Schools (FCPS) educational access channel or Web site. Please call your school if you have questions.*

**STUDENT RECOGNITIONS AND SCHOOL PUBLICATIONS**

Throughout the year there may be programs, meetings or events (i.e. school-wide assembly or FCPS Board meeting) that are open to the public and where individual or large group photographs or videotapes will be taken by the media or school district staff to recognize student achievement. In addition, your child's name and photograph will appear in school publications such as the yearbook or newsletter. **Your consent to these types of photographs or videotapes is assumed, UNLESS YOU NOTIFY YOUR CHILD'S SCHOOL IN WRITING that you do not want your child included in such photographs or videotapes.**

**MEDIA COVERAGE AND DISTRICT PUBLICATIONS**

- I give permission for my child to be individually photographed, audio/videotaped or interviewed by the **media**.  
Yes  No
  
- I give permission for my child to be individually photographed or audio/video taped by district personnel for broadcast **on the FCPS educational access channel, Web site or district publications**.  
Yes  No
  
- I give permission for my child's work, name, grade, and school to **appear on the FCPS educational access channel, Web site or district publications**.  
Yes  No

I further release the Board of Education of Fayette County, Kentucky, and any of its employees or agents, from any compensation or damages in its use of photographs, audio/videotapes or interviews for district dissemination via the website, print or cable access channel or the media's use of same. I do further certify that I am of full legal capacity to execute the above authorization and release.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_