Upper Scioto Valley Schools

Photographs/Video Release Form

| Dear Parents, | |
|--|---|
| Throughout the school year, various activities the child pictures and/or video. In order to do so, we require yo photos/videos for use both in and out of the school bui return this form with your child for our records. | ur signature giving permission to release these |
| I give permission for my child to be photogr Scioto Valley School. I understand that these materials publicity, and/or parent and educator training sessions. I DO NOT give permission for my child to be | |
| Student's Name | Grade |
| Parent/Guardian's Signature | Date |