

LANSINGBURGH CSD

OPT OUT PERMISSION TO USE STUDENT PHOTOGRAPH

I **do not** grant permission to Lansingburgh Central School District to use the photograph, photographic image, name, audio recording, and/or video recording of _____, _____, _____ for purposes of general
(Student's Name) Grade School
publicity and/or student recruitment, in any medium whatsoever, including but not limited to publications, public relations, promotions, publicity and advertising.

Parent/Guardian Signature (if student is under 18)

Date

Student Signature
(Please print)

Date

Telephone: _____