**Picture Release Permission Form**

Your child’s school/classroom would like to create a digital and/or physical collection of classroom pictures to produce a Class CD or book, and is requesting your permission to include your child’s pictures.

* These pictures will be shared with many parents.
* Pictures are not sent to a third party for development.
* Because your child’s pictures will be shared with many parents, we are requesting your permission to include your child’s pictures in the production.
* You are not required to give permission.
* Without permission, your child’s pictures will not be used.

**I agree to allow my child’s school to take pictures of my child for the purpose of creating a digital and/or a physical collection of class pictures to be shared with other parents. This permission is good throughout the school year of 20\_\_\_ - 20\_\_\_.**

**Print Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**