



**OFFICE OF THE SUPERINTENDENT
HARRISON PUBLIC SCHOOLS
501 HAMILTON STREET
HARRISON, NEW JERSEY 07029
Tel. (973) 483-4627 Fax (973) 483-7484**

FREDERICK G. CONFESSORE
Assistant Superintendent of Schools

JAMES P. DORAN, Ed.D.
*Director of Personnel/Human Resources/
Compliance and Crisis Management*

**Media Release
Parental/Guardian Consent Form**

As a parent of a student in the Harrison School District, your child’s picture may appear in newspapers, on television, on district and school websites, in school publications, e.g., school yearbooks, school newspapers, class pictures, or other communication tools. (Harrison Board File Code 5145.5 see page 35)

We are sending you this parental consent form to both inform you and to request permission for your child’s photo/image and personally identifiable information to be published on the district and/or school’s web site, filming of students and press releases.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information.

These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will **not** release any personally identifiable information without prior written consent form you as parent or guardian. Personally identifiable information includes student names, photo or image, residential address, e-mail address, phone numbers and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child’s school and such rescission will take effect upon receipt by the school.

Check one of the following choices:

_____ I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published by the school and/or district, for instructional or public use.

_____ I/We GRANT permission for this student’s photo/image and name to be published by the school and/or district, for instructional or public use.

_____ I/We GRANT permission for this student’s photo/image and all other personal identifiers listed above to be published by the school and/or district, for instructional or public use.

_____ I/We DO NOT GRANT permission for photo/image that includes this student to be published by the school and/or district, for instructional or public use.

Student’s Name: (please print) _____ Student’s Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____ Date: _____

Relation to Student: _____