

Dr. Diana GreeneSuperintendent

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Student Media Release

DCPS F	Production	s or outside	organization,	including I	news m	edia

l ,	, hereby authorize the
videotaping/filming/p	photography of my child,,
and/or the release of	his/her name and achievement(s) for publishing (print,
World Wide Web) and	d/or broadcasting purposes. I also consent to the showing
of the video/film/pho	tographs to any person. I understand that the Duval
County School Distric	t is not a party to outside organizations'
photography/filming/	video production and will hold Duval County Public
Schools and its emplo	yees harmless from any liability in connection with a
production not produ	ced internally by Duval County Public Schools.
	Signature
	Print Name
	THIII INGITIC
	Date