



**Public Release Form –
Special Education
Parent Authorization**

Valid for the 20 ____ - 20 ____ School Year

Throughout the school year, your child may be photographed, interviewed, videotaped and/or sound recorded by school district personnel and/or news reporters or other members of the media. These photographs, interviews, videotapes and/or sound recordings may be viewable by the public and/or within the school district through a variety of media, including, but not limited to, websites, television, radio and print. By signing this form, you are authorizing all the above actions. Please also be aware that where a student activity, function, or event is open to the public, and your child is participating, photographs, interviews, videotapes and/or sound recordings may occur without a public release being signed.

It is also recognized that once the photograph, interview, videotape and/or sound recording of the student is released to the public, the School District cannot control how what has been publicized may be used or represented by others. By signing this Public Release, you hereby release Albuquerque Public Schools Board of Education, its members, employees, agents and representatives (hereinafter referred to as the “Releasees”) from any and all claims you may have against the Releasees due to the School District having publicized or allowed the publicizing of the “student image” as described in this form, and from any and all liability that may arise from publicizing the “student image” or allowing the “student image” to be publicized, as described in this form.

This permission is sought pursuant to the provisions of State Statute 99.30 of the Family Educational Rights and Privacy Act, 20 USCA State Statute 1232 (g) 45 CFR 99. Should you at any time wish to revoke the authorization given by the execution of this form, you may do so by informing the school which the student attends, *in writing*, that you are revoking that authorization.

Granting Permission -----

School: _____ Student ID: _____

Student Name (please print): _____

Parent/Guardian Signature

Date

Name of Parent/Guardian (please print)

After you have read and signed the permission form, please return it to your child’s school. This form will be retained at the school.