



## Photography/Videotaping Permission Form

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**School District of Hillsborough County**

901 E. Kennedy Blvd., Tampa, FL 33602

\_\_\_\_\_  
School

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Address

I give my permission for my child, \_\_\_\_\_, to be interviewed, photographed, or videotaped for use in school/district publications, school/district productions, or for use by the general news media for print or broadcast purposes.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

After you have read and signed the permission form, please return it to your child's school. The form will be retained at the school, with the student's records.

01/2005