



## Optional Form

**Complete only if you do not want the district to use your child in any photos for the newsletter, classroom newsletter, and website video clips**

## Media Opt-Out Form

**Request to prohibit use and/or release of photographs, video and audio recordings, comments, and/or name of student**

\_\_\_\_\_ School District's policy is to allow photographs, video and audio recordings, comments, and/or names of students to be used in print and electronic materials produced by the District and/or Sonoma County Office of Education, including but not limited to websites, printed publications, and video productions, unless notified of an objection by a parent/guardian.

The District may also release this content to media organizations, including newspaper, radio, and television outlets. Students may be identified by name to provide them with recognition opportunities when appropriate.

Parents and guardians may request that photographs, video and audio recordings, comments, and/or names of students not be used by completing this form and returning it to the student's school office.

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

School: \_\_\_\_\_

I hereby request that \_\_\_\_\_ School District NOT use photographs, video and audio recordings, comments, and/or the name of this student in print or electronic materials. I further request that the District NOT release this student's photograph, video or audio recording, comments, and/or name to media organizations.

I understand that this request will remain in effect for the \_\_\_\_\_ school year and that it can be rescinded at any time. I also understand that this request will not prohibit use of photos, videos, and/or the name of the above-named student in student-produced materials such as yearbooks and newspapers.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

This form will be kept on file at the school of the above-named student.

(8-19-13)

Sue Field, Ed.D. *Superintendent*

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