BEVERLY HILLS UNIFIED SCHOOL DISTRICT

PARENT PERMISSION FORM FOR
PUBLISHING STUDENT PHOTOGRAPHS AND STUDENT WORK ON THE
BEVERLY HILLS UNIFIED SCHOOL DISTRICT WEBSITES AND
IN DISTRICT-RELATED PUBLICATIONS

Student Name (please print) ____________________________________________

Homeroom Teacher (please print) _______________________________________

Grade ___________ School ____________________________________________

I understand that my child’s photograph and class work could appear on the Beverly Hills Unified School District websites and publications throughout the year and that any such publication is not for profit and neither my child nor my family will be compensated for any such use.

I understand that no last names, home addresses, email addresses, or telephone numbers will appear with any photograph or published work. Students will only be identified by first name.

I also understand that the Beverly Hills Unified School District has no control over non-District media sources and their use of my child’s likeness, name or photograph.

Please check all that apply and sign below.

Subject to the above conditions, do you grant permission for the publishing of the student’s photograph and/or student work done by the child named above on the Beverly Hills Unified School District websites and any District-related publications?

_____ YES  _____ NO

Do you grant permission for the Beverly Hills Unified School District to release my student’s photograph and/or student work done by the child named above to local area newspapers (The Beverly Hills Courier, The Beverly Hills Weekly, the Los Angeles Times, etc.), understanding that such newspapers may print your student’s name in full along with any such photographs and/or student work, and that the Beverly Hills Unified School District has no control over non-District media sources and their use of your child’s likeness, name, or photograph?

_____ YES  _____ NO

Parent/Guardian Signature ____________________________________________ Date __________________

Student Signature __________________________________________________ Date __________________

Please return this form to your Homeroom Teacher.