

**PEORIA PUBLIC SCHOOLS  
PHOTO RELEASE FORM**

I, \_\_\_\_\_, the parent or guardian of  
(print your full name)

\_\_\_\_\_, **grant/ do not grant** permission  
to  
(print your child's full name) (circle one)

the Peoria Public Schools to allow my child to be photographed by District personnel; media outlets including newspaper or television stations; or other District authorized persons for use of publicizing or promoting District or Peoria community events. The publication and promotion of these events may occur by print or electronic media (including websites). If I wish to

change the terms of this release, I may do so at anytime by contacting my child's home school.

\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(date)