



## Parent/Student Release for Photograph, Digitized Image, Video Image, Voice

I hereby grant the Anne Arundel County Public School System the right to obtain and/or use my child's photograph, digitized image, and/or video image and/or voice for educational and informational purposes.

I understand that all publications, presentations, web sites, and productions will be used within the school system, the community at large, and/or the World Wide Web, and that all images, productions, and content, therein, become the property of Anne Arundel County Public Schools.

I understand that a photograph of my child appearing on the approved Anne Arundel County Public Schools' home pages on the World Wide Web **will not** identify my child by name.

Student Name \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

Date \_\_\_\_\_

*This signed release form is to be kept on file at the student's home school.*

**Anne Arundel County Public Schools**