**PUBLIC SCHOOLS OF NORTH CAROLINA**

**North Carolina State Board of Education | North Carolina Department of Public Instruction**

The North Carolina State Board of Education (SBE) and the North Carolina Department of Public Instruction (NCDPI) use student and adult photographs, video, and voice recordings for many purposes.

Internally, these materials may appear in print, on our Web site (as photos, videos, and/or podcasts), and/or in presentations. The news media – both in print and online – may use them in school-related news coverage, in productions aired on television and/or the Web (yet produced by the SBE and/or the NCDPI), or in similar forms of communication/media.

This form allows you as a parent/guardian or adult to choose whether or not you/your child may appear in any of these various media formats and illustrations used by the SBE, the NCDPI, and/or the news media.

**PLEASE CHOOSE ONE:**

**For anyone younger than 18 years old:**

I give permission to the State Board of Education/the North Carolina Department of Public Instruction and/or the news media to make photographs, video, and/or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.

**For anyone 18 years of age or older:**

I give permission to the State Board of Education/the North Carolina Department of Public Instruction and/or the news media to make photographs, video, and/or illustrations of me. I am over 18 years old and provide my consent to use the images as described above.

**For either:**

I do not give permission for me/my child to be included in any media whatsoever.

**Please fill out all of the information below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Minor’s Parent/Guardian or Adult’s Signature Parent/Guardian or Adult’s Printed Name

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Student’s Name (*if applicable*) Date of Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s Local Education Agency (“School System”) I allow my child’s/ward’s name to be used. YES NO

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Address Apartment/Unit Number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City State ZIP Code Phone Number

**Please return this completed form to:**

Your Name | NCDPI and Your Division

Mailing Address, City, State Zip Code | Fax (123) 456-7890