

**MERIDEN PUBLIC SCHOOLS**

**PERMISSION FORM FOR VIDEO AND PHOTO PUBLISHING**

Name of Student: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

The Meriden Public School would like to be able to broadcast our video and photo productions on the local access broadcast cable television channel. To do this, we need your permission to have your child photographed in video and photo productions. If this meets with your approval, please complete this permission form and have your child return it to his or her teacher immediately.

As the parent or legal guardian of a minor child, I grant permission for my son or daughter:

Student Name: \_\_\_\_\_ to take part in video productions that may be broadcast publicly on public access cable television during the 2007-2008 school year and in subsequent years.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_