

Video/Photo Permission



I, _____,
(Print parent or guardian name here)

give Salem-Keizer Public Schools permission to photograph/videotape my son or daughter for record keeping or promotional purposes, including school and district publications or displays. I understand I will not be compensated for use of the photos/video taken of my child for the purpose stated above.

(Student's Name and School)

(Parent or Guardian's Signature) (Date)