



*To the Parent or Guardian,*

*The Arkansas Department of Career Education publishes photographs and videos of students for publicity purposes in both print and electronic media. If you have no objection to your student being pictured, please acknowledge by returning this form to your student's teacher or organization sponsor.*

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I give permission for my student to be pictured in print or electronic media produced or published by the Arkansas Department of Career Education.

If this form is not returned, the student will not appear in any published photograph or video.

**RELEASE FORM FOR STUDENTS IN PHOTOGRAPHS OR VIDEO**

*This form is required if a student's face appears in a photograph or video.*

**Student's Name:** \_\_\_\_\_

**Parent or Guardian's Name:** \_\_\_\_\_  
(if student is under age 18)

**Signature:** \_\_\_\_\_  
(parent or guardian if student is under age 18; student, if age 18 or older)

**Date:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Students grade for 2014-2015 :** \_\_\_\_\_

**FCCLA District:** \_\_\_\_\_