

**Release Form
For
Electronically Displayed Photos and Original Student Work
(Internet)
Traverse City Area Public Schools**

Name of Student (please print) _____

Name of Parent(s) (please print) _____

Attending School _____

We would like to use your son/daughter's photo on the Internet.

I hereby _____ **GIVE** _____ **DO NOT GIVE** my permission and consent for digital image(s) of our son/daughter, along with his/her first name, to appear on Traverse City Area Public Schools Web Site as part of the Internet. No home address or telephone number will appear with such photo.

We would like to use your son/daughter's original work on the Internet.

I hereby _____ **GIVE** _____ **DO NOT GIVE** my permission and consent for original work of our son/daughter, along with his/her first name, to appear on Traverse City Area Public Schools Web Site as part of the Internet. No home address or telephone number will appear with their work.

Parent/Guardian Signature _____

Date Signed _____

Web Site Address: <http://www.tcaps.net>