

# MEDIA RELEASE NON-CONSENT: Elementary School

This form ONLY needs to be returned if you would like to opt-out of providing permission for the school, and/or district to use media representation of your child or their work. If so, please be sure to check the appropriate box(es), include your child's name and homeroom, your signature and the date as requested. Please return this form to your child's teacher. Thank you for your assistance.

## Student Image/Work:

At various times during the school year, school representatives, Chatham County Schools (CCS), partners/vendors\* of CCS and a variety of media outlets request permission to film, videotape, record and photograph in our schools. They subsequently publish, broadcast or use these materials, which often include images and depictions of students, as well as student-work products.

*\* CCS is authorized to provide student writings, photographs, video and voice recordings to the N.C. State Board of Education (NCSBE) and N.C. Department of Public Instruction (NCDPI) for a legitimate educational purpose, including teacher evaluation and professional development. These materials may appear in print, on the CCS website, on the NCSBE/NCDPI website (as photos, videos, and/or podcasts) and/or in presentations.*

Parents have the right to deny the school district the ability to release this information. Please indicate below if you would NOT like the school system to use your child's image or work.

- I do NOT consent nor allow my child, as well as my child's work, to be filmed, videotaped, recorded and/or photographed for use by my school, CCS/its partners and the media (this will include the school yearbook).
- I do NOT consent nor allow my child, as well as my child's work, to be filmed, videotaped, recorded and/or photographed for use by my school, CCS/its partners and the media, with the exception of my child's name and photo to be included in the school yearbook only.

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Student's Name (Last, First, Middle)

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Student's Homeroom (Teacher)

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Parent/Guardian Signature

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Date

# MEDIA RELEASE NON-CONSENT: Middle & High School

There are two different items that may require your action — image/work and secondary school listing. If needed, please be sure to check the appropriate box(es). Please include your child's name, information and signature, your signature and the date as requested. Please return this form to your child's teacher. Thank you for your assistance.

## 1) Student Image/Work:

At various times during the school year, school representatives, Chatham County Schools (CCS), partners/vendors\* of CCS and a variety of media outlets request permission to film, videotape and photograph in our schools. They subsequently publish, broadcast or use these materials, which often include images and depictions of students, as well as student-work products.

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- I do NOT consent nor allow my child to be filmed, videotaped, recorded and/or photographed for use by my school, CCS/ its partners and the media, with the exception of my child's name and photo to be included in the school yearbook only.

## 2) Secondary School Student Listing:

Under federal law, public schools are required to provide government agencies, such as Civil Service, FBI and military recruiters, with lists of secondary school students' names, addresses and telephone listings. These are to be used for recruiting purposes and for informing young people of scholarship opportunities.

- I do NOT consent nor allow the district to release my child's name, address and telephone listing to (please bubble in all that apply):
  - government agencies
  - college or school admissions offices, principals
  - college or professional athletic officials
  - prospective employers
  - other: \_\_\_\_\_
- I do NOT consent nor allow the district to release my child's name, address and telephone number to government agencies, college or school admissions offices, principals, college or professional athletic officials, prospective employers or others.

\_\_\_\_\_  
Student's Name (Last, First, Middle)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Homeroom

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date