



## Little Rock School District Photo Release

I, \_\_\_\_\_, (parent/legal guardian) of  
\_\_\_\_\_ (child's name), consent that the  
above-named child may be photographed (by still camera, movie  
camera or video camera) by the Little Rock School District or  
district-authorized media or video production representatives. I  
further give permission to the Little Rock School District and/or  
district-authorized representatives to use my child's name, voice  
and/or likeness in any and all promotional material that benefits the  
Little Rock School District. I understand my child will NOT receive a  
publicity fee.

**Parent/Guardian Signature** \_\_\_\_\_

**Address (please print)** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Child's School** \_\_\_\_\_

**Date** \_\_\_\_\_