

K Williams

There will be no pictures, videos, or names used. This is just for documentation purposes.

Thank you!



# MEDIA USE AND RELEASE PERMISSION FORM

## PUBLIC SCHOOLS OF NORTH CAROLINA

North Carolina State Board of Education | North Carolina Department of Public Instruction

The North Carolina State Board of Education (SBE) and the North Carolina Department of Public Instruction (NCDPI) use student and adult photographs, video, and voice recordings for many purposes.

Internally, these materials may appear in print, on our Web site (as photos, videos, and/or podcasts), and/or in presentations. The news media – both in print and online – may use them in school-related news coverage, in productions aired on television and/or the Web (yet produced by the SBE and/or the NCDPI), or in similar forms of communication/media.

This form allows you as a parent/guardian or adult to choose whether or not you/your child may appear in any of these various media formats and illustrations used by the SBE, the NCDPI, and/or the news media.

### PLEASE CHOOSE ONE:

#### For anyone younger than 18 years old:

I give permission to the State Board of Education/the North Carolina Department of Public Instruction and/or the news media to make photographs, video, and/or illustrations of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.

#### For anyone 18 years of age or older:

I give permission to the State Board of Education/the North Carolina Department of Public Instruction and/or the news media to make photographs, video, and/or illustrations of me. I am over 18 years old and provide my consent to use the images as described above.

#### For either:

I do not give permission for me/my child to be included in any media whatsoever.

*[Signature]*

Minor's Parent/Guardian or Adult's Signature

Phillip Trey Bowen

Student's Name (if applicable)

CMS

Student's Local Education Agency ("School System")

349 Barfield RD

My Physical Address

Phillip Bowen

Parent/Guardian or Adult's Printed Name

3-25-15

Date of Signature

YES  NO

I allow my child's/ward's name to be used.

Apartment/Unit Number

NC  
State

27935  
ZIP Code

(123) 456-7890  
Phone Number

252-862-5757

City EURE

| Email