



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.

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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:

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For either:

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

Aus Barnard A

Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

Student's Name (if applicable) *Hali Barnard*

Date of Signature

4/10/15

YES NO

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

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

My Physical Address

Apartment/Unit Number

City

NC

State

ZIP Code

(123) 456-7890

Phone Number

Please return this completed form to:

Elaine Darby | NCDPI Communications and Information

6306 Mail Service Center | Raleigh, NC 27699-6306 |

Fax 919.807.3481 | Email elaine.darby@dpi.nc.gov



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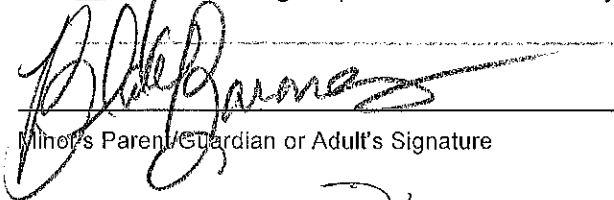
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Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

2-5-2015

Student's Name (if applicable)

Date of Signature

Blake Barnes

YES NO

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

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

Rutherford County Schools

My Physical Address

Apartment/Unit Number

115 Emerald Way Apt #2

NC

28160

(123) 456-7890

City Spindale

State

ZIP Code

Phone Number

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Olivia Caldwell

Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

Student's Name (if applicable)

Olivia Caldwell

Date of Signature

YES NO

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

RS Central

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

My Physical Address

289 Knottwood Drive

Apartment/Unit Number

City *Forest city*

NC

28043

(123) 456-7890

State

ZIP Code

Phone Number

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Christian Clark

Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

Christian Clark

Student's Name (if applicable)

Date of Signature

2/5/15

YES NO

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

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

R-S Central

My Physical Address

Apartment/Unit Number

902 Old Stonecutter rd

NC

27134

(123) 456-7890

City

Rutherfordton

State

ZIP Code

Phone Number

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[Signature]

Minor's Parent/Guardian or Adult's Signature

Mike Dailey

Parent/Guardian or Adult's Printed Name

Matthew Dailey

Student's Name (if applicable)

3/5/15

Date of Signature

RS-Central

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

YES NO

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

136 General Griffith Circle

My Physical Address

Apartment/Unit Number

Rutherfordton

City

NC
State

28139
ZIP Code

(23) 456-7890
Phone Number

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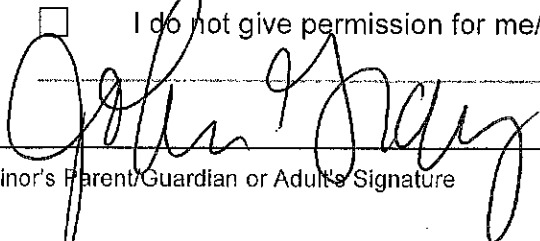
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Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

Student's Name (if applicable)

Lauren Gray

Date of Signature

YES NO

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

Rutherford County Schools

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

My Physical Address

478 Edwards St.
City Rutherfordton

Apartment/Unit Number

NC 28139 (123) 456-7890
State ZIP Code Phone Number

Please return this completed form to:

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Nikki Hamrick
Minor's Parent/Guardian or Adult's Signature

Nikki Hamrick (aunt)
Parent/Guardian or Adult's Printed Name

Student's Name (if applicable) Miranda McGinnis

4/24/15
Date of Signature

Student's Local Education Agency ("School System")
Rutherford Co. Schools

YES NO
I allow my child's/ward's name to be used.

My Physical Address
527 N. Main St.

Apartment/Unit Number
28139 (123) 456-7890
Phone Number

City
Rutherfordton

NC
State

ZIP Code

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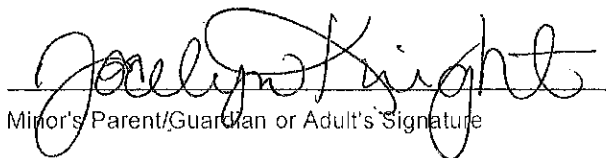
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Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

Jocelyn Knight

Date of Signature

Student's Name (if applicable)

Jocelyn Knight

YES NO

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

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

My Physical Address

126 Goldfinch Ln.

Apartment/Unit Number

NC

(123) 456-7890

City

Rutherford

State ZIP Code

NC 27139

Phone Number

828-612-9152

Please return this completed form to:

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Lexie Lowery *Lexie Lowery*
 Minor's Parent/Guardian or Adult's Signature Parent/Guardian or Adult's Printed Name

Lexie Lowery
 Student's Name (if applicable)

Date of Signature

- YES NO

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

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

My Physical Address

Apartment/Unit Number

City NC (123) 456-7890
 State ZIP Code Phone Number

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Susan McEntire

Minor's Parent/Guardian or Adult's Signature

Susan McEntire

Parent/Guardian or Adult's Printed Name

Katie McEntire

Student's Name (if applicable)

Date of Signature

YES NO

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

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

Rutherford County Schools

My Physical Address

990 Carpenter Rd

Apartment/Unit Number

City Rutherfordton NC

NC

State

ZIP Code

28139

(123) 456-7890

Phone Number

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Caleb Owens

Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

Student's Name (if applicable) *Caleb Owens*

Date of Signature

YES NO

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

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

My Physical Address *710 Clark Road*

Apartment/Unit Number

NC (123) 456-7890

City *Rutherfordton*

State ZIP Code Phone Number

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MRS Terri L Parton

Minor's Parent/Guardian or Adult's Signature

Terri L. Parton

Parent/Guardian or Adult's Printed Name

Chloe Parton

Student's Name (if applicable)

4/27/15

Date of Signature

RS Central

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

YES NO

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

274 Mackey Freeman Rd

My Physical Address

Apartment/Unit Number

Rutherfordton

City

NC
State

28139
ZIP Code

(123) 456-7890
Phone Number

(828) 429-0956

Please return this completed form to:

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Assem Patel

Minor's Parent/Guardian or Adult's Signature

Assem Patel

Parent/Guardian or Adult's Printed Name

02/05/2015

Date of Signature

Student's Name (if applicable)

YES NO

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

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

RS Central

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NC

State

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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.

Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

Student's Name (if applicable)

savannah scara

Date of Signature

2-5-15

YES NO

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

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

My Physical Address

3378 Whitesides Rd

Apartment/Unit Number

City forest city

NC

State

ZIP Code

28043

(123) 456-7890

Phone Number

Please return this completed form to:

Elaine Darby | NCDPI Communications and Information

6306 Mail Service Center | Raleigh, NC 27699-6306 |

Fax 919.807.3481 | Email elaine.darby@dpi.nc.gov



MEDIA USE AND RELEASE PERMISSION FORM

PUBLIC SCHOOLS OF NORTH CAROLINA

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For either:

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Cindy Simpson

Minor's Parent/Guardian or Adult's Signature

Cindy Simpson

Parent/Guardian or Adult's Printed Name

2/5/14

Date of Signature

Student's Name (if applicable)

Caroline Simpson

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

RS - Central HS

My Physical Address

750 Oak Springs Rd

NC

Apartment/Unit Number

28139

(123) 456-7890

City

Rutherfordton

State

ZIP Code

Phone Number

YES NO

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

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For either:

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Debbie H. Sims

Minor's Parent/Guardian or Adult's Signature

Parent/Guardian or Adult's Printed Name

Student's Name (if applicable)

Haley Sims

Date of Signature

4/24/15

YES

NO

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

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

My Physical Address

147 Thompson Rd

Apartment/Unit Number

City Rutherfordton

NC
State

28139
ZIP Code

(123) 456-7890
Phone Number

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Brooke A. Turner
Minor's Parent/Guardian or Adult's Signature

Brooke A. Turner
Parent/Guardian or Adult's Printed Name

Olivia Turner
Student's Name (if applicable)

4/28/15
Date of Signature

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

YES NO
I allow my child's/ward's name to be used.

356 Squirrel Den Rd
My Physical Address

Apartment/Unit Number

Rutherfordton
City

NC 28139 (123) 456-7890
State ZIP Code Phone Number

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