

SADDLE BROOK MIDDLE/HIGH SCHOOL
355 Mayhill Street
Saddle Brook, New Jersey 07663

Date _____

Dear Parent/Guardian:

The media provide a valuable link between the schools, home and community. Many times throughout the school year photographs, video recordings and interviews highlighting school-wide activities may be submitted to our local newspapers and the cable channel for publication or broadcast. This type of information may include musicals, plays, sporting events, special field days and assemblies.

Your consent for your child to be photographed, videotaped and/or interviewed while participating in school activities is requested. Please note this consent applies only to photographs, videos or interviews that will be used for publication.

Authorization for Use of Student Photographs, Videos, Interviews

PLEASE PRINT

Student Name _____

Student Grade/Homeroom _____

Parent/Guardian Name _____

_____ Yes, I give consent for my child to be photographed, videotaped or interviewed while participating in school activities. I understand that the photographs, videotapes or interviews may appear in one or more of Saddle Brook's publications.

_____ No, I do not consent to have my child photographed, videotaped or interviewed while participating in school activities.

Parent/Guardian Signature _____ Date _____