



HOUGHTON LAKE COMMUNITY SCHOOLS

6001 W. Houghton Lake Dr., Houghton Lake, Michigan 48629

(989) 366-2035

FAX: (989) 366-2070

Media Release Permission Slip

Recording of various school and classroom activities through the use of photography, audio, and video equipment is done by Houghton Lake Community Schools throughout the year. The recording might circulate to other students or classrooms, be used in district publications, on the **district website/internet**, or be shown on local TV access cable.



If parents/guardians or students of 18 years old or older approve of the use of photography, audio, or video transmission of your child/themselves, please complete this form and **return it within five (5) days of receipt to your school principal.**

For further information you may contact: **Mr. Kevin Murphy, Superintendent**

Houghton Lake Community Schools - Release PERMISSION 2009-2010

___ You may **use a picture** of my child **without indentifying by name.**

___ You may **use a picture** of my child **using a first name only.**

___ You may **use a picture** of my child **including my child's first/last name.**

___ I **do not** wish to have my child photographed or video recorded during the 2009-2010 school year.

**IMPORTANT - IF YOU CHECKED ONE OF THE FIRST THREE (3) STATEMENTS ABOVE
YOU MUST ALSO CHECK ONE OF THE STATEMENTS LISTED BELOW.**

___ I understand I am giving my **permission** for the district to use the **information referenced in the above checked statements** in all district publications, **INCLUDING use on the district website and/or internet and TV access cable.**

___ I understand I am giving my **permission** for the district to use the **information referenced in the above checked statements** in all district publications, **EXCLUDING use on the district website and/or internet and TV access cable.**

Child's name

School attending

Grade

Parent/Guardian signature

Date