

**DUMONT PUBLIC SCHOOL DISTRICT  
PHOTOGRAPH/VIDEO USE AUTHORIZATION FORM**

Dear Parent or Guardian,

We are excited about our students and their educational successes. Because of this, we like to share their achievements with the community. We may do this through press releases, news articles, photographs, and/or video.

Before using any image of your child, we would like to secure your approval. All images will be used to better illustrate the quality of our programs and/or activities. Will you please assist us by granting permission for your child's image to be used in press releases, news articles, photographs, and/or video. We appreciate your cooperation.

Thank you.

I (check one) \_\_\_\_\_ Authorize \_\_\_\_\_ DO NOT Authorize the Dumont Public School District to use Photographs/Videos for our son/daughter in publicity relating to the district's educational programs.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date