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| |  | | --- | | I, the undersigned, do hereby grant or deny permission to the Trumann Public School GT program to use the image of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , as marked by my selection below. Such use includes the display, distribution, publication and transmission, or otherwise use of photographs, images, and or other video taken of m child for use that include but may not be limited to, print materials such as brochures and newsletters, videos, and digital images such as those on the GT web site. Check your preference below. | | * Unrestricted usage: I give unrestricted permission for my child’s image to be used in print, video, and digital media. I agree that these images my be used by the GT program for a variety of purposes and that these images may be used without further notifying me. I do understand that the child’s last name will not be used in conjunction with any video or digital image. * Deny permission to use my Child’s image at all.   Parents / guardian signature­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please make a copy of this form for your own records and mail, fax, or return the original with your child to:  Mrs. Kimberly Stevens, Trumann Gifted and Talented Program Coordinator  1200 Cedar Street Trumann AR 72472  Phone: 870-483-5314  Fax: 1-870-483-6700 | |  | |  | |  | |  |