

Communications Department

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Fort Worth
INDEPENDENT SCHOOL DISTRICT

Dear Parent or Guardian,

Please return this form along with other paperwork to your school by tomorrow. Your child's homeroom teacher or principal will keep this permission slip on file by for special events that may include the following:

- 1) FWISD staff, and/or
- 2) News media (television, newspaper, radio, magazines)

In conjunction with programs in the Fort Worth Independent School District for any lawful purpose, I understand that by my signed permission on this form I agree without further notice to me:

- That FWISD pictures may be reproduced, copyright, broadcast, telecast or cablecast, published or used in district materials (including the Web site) for distribution to school employees and the public.
- to hold harmless the FWISD and its representatives from any claims or cause of action directly or indirectly related to the photographing, videotaping or audiotaping of my child for any lawful purpose; and
- to waive all monetary or other claims that might arise as a result of any lawful use of these materials.

I certify that I am the parent or legal guardian of the student mentioned below and that I am authorized to give permission and consent.

(Student's name)

(Name of school)

(Parent or Guardian's Signature)

(Date)

(Address)

(Telephone)

_____ I give permission for my child to be photographed, videotaped or audio taped.

_____ I DO NOT wish my child to be photographed, videotaped or audio taped.

FOR TEACHER OR SCHOOL OFFICE: Date Received _____

Revised: 04/29/11