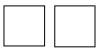
School Year



Media Release (all grades)

I give permission to the City School District Of the City Of Niagara Falls to use my child's photograph, likeness and/or work and/or interviews in any compilations to be distributed within the community. Specifically photographs of students may be used in the District newsletter(s), in pamphlets or brochures, or on flyers. Such images may also be distributed to local media, either print or video, or may be used on the OSC-TV Channel 21, or be used or distributed in like manner.

If in the future you wish to reverse any permission, you may do so by notifying your child's principal in writing.

Parent/ Guardian Name: (Please Print) ______ Date

Parent/ Guardian Signature: _____

Yes No