

HAZEL HARVEY ELEMENTARY SCHOOL
165 Brooklyn Ave.
Doylestown, Ohio 44230

Photo Release Form

Child's name

Parent/Guardian

Address

Phone Number

I authorize Hazel Harvey Elementary to have, take and use without payment, any photographs, slides, or video tapes of my child, as may be needed for public relations purposes, marketing/advertising, or internal training purposes.

_____ Yes

_____ No

I give permission for my child's picture to be taken and used for the following:

School Yearbook _____ Yes _____ No

Local Newspaper _____ Yes _____ No

Chippewa Local Schools Website _____ Yes _____ No
(Only child's first name will be used)

Parent/Guardian Signature

Date