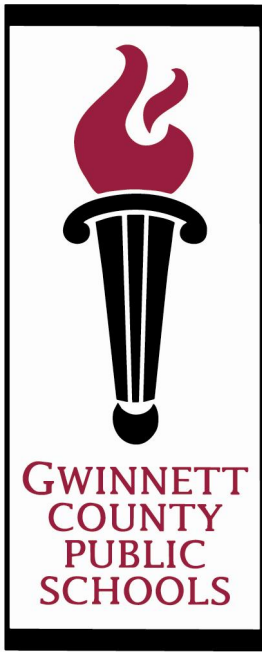


## MEDIA RELEASE FORM



I hereby give my consent to all photographs, audiorecordings, academic work, and/or videorecordings taken of me or my minor child by Gwinnett County Public School staff or their designee. I understand that any such photographs, audiorecordings, academic work, and/or videorecordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or created in the future.

Student's Name \_\_\_\_\_  
(please print)

School \_\_\_\_\_

Parent /  
Guardian's Name \_\_\_\_\_  
(please print)

\_\_\_\_\_  
(signature)

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone (home) \_\_\_\_\_

**THE MISSION OF  
GWINNETT COUNTY  
PUBLIC SCHOOLS**

*is to pursue excellence  
in academic knowledge,  
skills, and behavior  
for each student,  
resulting in measured  
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