

## ACCESS Photo Release Form

I authorize permission for my child to be included in films, photos, sound and recording for the purpose of illustration, photographs, publications, broadcasts and presentation that represent ACCESS Schools in community awareness and education.

- I have read the above statement and I **do** authorize this release in ACCESS Schools publications.
- I have read the above statement and I **do not** authorize this release in ACCESS Schools publications.

Student's Name \_\_\_\_\_

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Parent/Guardian Signature

Date