

**SPECIAL EDUCATION PERMISSION RELEASE FORM  
FOR INTERVIEWS/PHOTOS/RECORDING/FILMING WITH  
DISTRICT AND/OR THE NEWS MEDIA**

I give my permission for \_\_\_\_\_ [insert student's name] to be interviewed, recorded, filmed and/or photographed by the Bellingham School District and/or \_\_\_\_\_ [insert name of news media outlet or organization] regarding my child's involvement in \_\_\_\_\_ [insert reason for the release.] I understand that this may identify my child as receiving services from the district's special education program. I give my permission for my child to be interviewed, recorded, filmed and/or photographed

at \_\_\_\_\_ [insert location]

on \_\_\_\_\_ [insert date.]

I also give my permission for my child's name, age, image and other information about his or her participation in this activity to be shared in district print and electronic communications, including on the district's Web site, and/or by

\_\_\_\_\_ [insert name of news media outlet or organization.]

I understand that news media outlets operate independently from the school district.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/Guardian, Student if 18)*

*For use by district staff with authorization from the Communications and Community Relations Office and building administrator.*

*Principals to keep on file at school.*