

PUBLIC IDENTIFICATION AS STUDENT IN SPECIAL EDUCATION RELEASE FORM

I give my permission for my child to be interviewed, recorded, filmed and/or photographed by Bellingham Public Schools and/or _____ [insert name of news media outlet or organization] regarding my child's involvement in _____ [staff to 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 _____ [staff to insert location] on _____ [staff 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 _____ [staff to insert name of news media outlet or organization.] I understand that news media outlets operate independently from the school district.

Student Name _____ School: _____ Grade _____

Signature of parent/guardian or signature of student if 18 years of age or older:

_____ Date _____

For use by district staff with authorization from Communications and Community Relations and school administrator.

Place copy in student's file.