

# Green Bay Area Public School District Student Media and Video Recording Release Opt-Out Form

(Please complete one form for each child in your family, **ONLY if you wish to Opt-Out.** For questions please call the District's School and Community Relations Department at 448-2025.)



Student's Legal Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

The Green Bay Area Public School District likes to celebrate the achievements of our students and staff. Throughout the year, photos and videos may be taken of students, student work, and school activities. These photos and videos may appear in various District materials, including school and district websites, social media websites, newsletters, brochures, advertising, etc. Student names are usually not used in association with photos and videos, but when they are, only first names will be used except in situations where full names are standard. Most parents/guardians support and encourage this celebration of achievements, so by default all parents/guardians who register their students are giving permission for this use.

In addition, in certain circumstances, the District and/or staff may create video recording for the purpose of staff professional development and/or training, staff continuing education, or District promotional materials. We request that the child's first and last name not be used in these recordings. If you do not want your child featured in these video recordings, please indicate below.

Parents/guardians who wish to prohibit their student's image or images of the student's artwork or classwork from appearing in any of the above venues must complete the form below and return it to your child's school office by September 21, 2016 or within fourteen days following your child's enrollment in the District, whichever is later. Please note, once your student is off school grounds, we cannot enforce this request. Please talk to your child about your decision.

**Please return this form ONLY if you want to LIMIT the use of your child's image and/or student work in District photos and videos. If this form is not completed, it will be considered that you are allowing your student to participate in publicity-related activities and news media opportunities as described below.**

Completion of this form advises the Green Bay Area Public School District of your choice to NOT have your child's name, image, or voice or appear in any form of District/school communication (internet, social media, photography, video, voice recording, advertising, brochures, etc.) generated by the Green Bay Area Public School District or news media.

Additionally, you are expressing that you do not wish your child to participate in any District approved media or publicity interviews or discussions that may be used for promotional or news media purposes unless you direct otherwise.

**Choose all that apply if you do not want your child's image or work to be used for promotional purposes.**

\_\_\_\_\_ **Choice M-A. I DO NOT** give permission to the District or news media to interview, record, photograph, or videotape my child to be used for media or District communication/promotion purposes. I understand that in most circumstances, the District does not prohibit video or photography at school performances and/or events (such as elementary music concerts, theatrical performances, and athletic events) and cannot control any such video or photography. As such, if my child participates in any school performance or athletic event, this opt out choice does not apply to any video or photography produced by or available to the public by any individual not employed by or acting on behalf of the District or the media.

\_\_\_\_\_ **Choice M-B. I DO NOT** give permission to the District or news media to photograph or videotape my student's artwork or classwork to be used for media or District communication/promotion purposes.

\_\_\_\_\_ **Choice M-C. I DO NOT** approve of the video recording of my child for educational purposes (teacher coaching, curriculum development, technology testing, or other similar activities).

**Stop! Do not sign below unless you have read and understand the choices above.**

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_