Authorization for the Release/Publication of Student Information

(To be used by school publications to secure release authorization.)

Fax to 209-825-8078

Parent/Guardian: _____

Student('s) Name: _____

Education Specialist's Name: _____

Purposed Release Date: _____

Released to publication/s:_____

1.)Circle One: **Web Newsletter** **School/Coop Website**

2.) Other: _____

Content and commentary has been disclosed to the Parent/ guardian. Acceptance of this agreement is indicated by signature from legal guardian.

I, _____, legal guardian of _____

(Please Print) (Please Print)

Do hereby authorize the release to Innovative Education Management (IEM) the following information:

_____
_____
_____
_____
_____

Photograph or other likeness of the student is **included** **excluded** in the above-described publication.

All originals submitted to the specified newsletter become the express property of the Charter and cannot be returned.

_____ _____

Parent Signature Date

This form is to be on file with IEM prior to posting/publication.