

**MIDDLETOWN TOWNSHIP SCHOOL DISTRICT**  
**Office of the Superintendent**  
P. O. Box 4170  
Middletown, NJ 07748  
(732) 671-3850

**MEDIA PERMISSION SLIP**

**Dear Parent/Guardian:**

We as a school district want to celebrate your child, his/her work, and his/her participation in certain programs or events. We are requesting permission for your child's image to be published.

Please check the choice below that is most appropriate for your family. Then detach the bottom of the form, sign it, and return it to your child's school with him/her by **the end of the third week in September**.

Your signature/permission will remain in effect for the duration of the child's schooling at Middletown. However, you may change this agreement/ permission at any time by writing to the principal of your child's school. Your wishes will be honored immediately upon receipt of your request.

-----DETACH AND RETURN BY THE END OF THE THIRD WEEK OF SEPTEMBER -----

**MEDIA PERMISSION SLIP**

The choice below that is most appropriate for my child's participation in various programs or events, or presentation of his/her work, is as follows:

**Full permission is granted.**

This includes the following, as appropriate: Image/audio of my child, and/or personal identifiers such as name, grade, school, and teacher's class. This may include, but is not limited to, school/district website, local papers and school publications, including yearbooks/memory books, DVD's of school events (performances/ shows), etc.

**Partial permission is granted.**

This includes the following, as appropriate: Image/audio only, with no personally identifying information except school.

**Permission is NOT granted.**

My child's image/audio may not to be published on the district and/or school's website or in print media generated by and under the control of the school district.

**Student Name** (please print clearly): \_\_\_\_\_

**Student Current Grade:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_