

**PERMISSION TO RELEASE PHOTOGRAPHIC IMAGES**

*Requesting School:*

*Desert View Christian School*

*Mountain Home, ID 83647*

 Permission to release of the following student(s):

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desert View Christian School takes privacy seriously. By signing this form you are authorizing the use of photos to be taken by the school of your child. This form release is for those photos to be used for the purposes of school publications such as our website and for any public relations documents.

Desert retains these photos on a secure platform site and will never use them except for the aforementioned purposes. Should you decide at any point to rescind this permission for use of these photos please resubmit another form stating this.

**I hereby permit the release of the above student’s photographic images for the explicit use of the Desert View Christian School to create school publications and public relations documents.**

**YES** [ ]  **NO** [ ]

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desert View Christian School ~ 2425 American Legion Blvd. Mountain Home, ID 836347 ~ (208)580-0512