



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

To the Parent(s) or Guardian(s) of \_\_\_\_\_

Your signature below gives permission to the Arlington School Department to release photographs, videos, films, etc. in which your child appears, and/or to allow your child to be interviewed.

This information may be used in local newspaper stories, television, and/or school department publications and will occur on:

Date: 2007-2008 school year

Place: \_\_\_\_\_  
Name of School

Signature: \_\_\_\_\_  
Parent(s) or Guardian(s)

If you have any questions or you do not want this information released on your child, please contact your child's principal