



MEDIA RELEASE FORM

As the parent/guardian of _____,

— **YES** - I authorize Whitmore Lake Early Childhood Center and the School District of Whitmore Lake to use photographs, audio recordings, slides, films, video recordings, writing samples, or press releases in which the above named student is involved for publication purposes, conferences, newspapers, radio broadcasting and/or television programming.

— **NO** - I DO NOT authorize Whitmore Lake Early Childhood Center and the School District of Whitmore Lake to use photographs, audio recordings, slides, films, video recordings, writing samples, or press releases in which the above named student is involved for publication purposes, conferences, newspapers, radio broadcasting and/or television programming.

**This release will remain in effect for one year or until I revoke it in writing to
Whitmore Lake Early Childhood Center**

Parent/Guardian Signature

Date

RENEWALS ONLY -

Parent/Guardian Signature (renewal)

Date