

Instruction

Exhibit – Media Exclusion Form

MEDIA EXCLUSION FORM

SCHOOL YEAR _____

School _____ Date _____

Student _____ Age _____
(last) (first) (middle)

Grade _____ Homeroom Teacher _____

(Parent[s] or Guardian making request)

(Street Address)

(City - State)

Phone Number - Home)

(Phone Number - Work)

_____ I do not want my child filmed or to have his/her picture taken for public exposure.

_____ I do not want my child interviewed by any member of the media as part of a class activity.

_____ I do not want my child filmed or to have his/her picture taken even if it is only for a school activity.

It is understood that it may be necessary to temporarily remove my child from class while filming is occurring to comply with my request that he/she not be shown on film or pictured.

(Parents or Guardian’s signature)

(Principal’s signature)

(Teacher’s signature)

Adopted: 11/9/04