



Belle Vernon Area School District

Stephen V. Russell, Superintendent
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MEDIA PERMISSION

PARENT or GUARDIAN AGREEMENT

Student's Name: _____

I hereby grant the Belle Vernon Area School District the right and permission to publish/use photographs or video and/or audio tapes of my child and to release any information that contains my child's name for publication on the Internet or in the new media. Examples include, but are not limited to, honor roll status, athletic event participation or academic achievement.

In addition, I accept responsibility, knowing that this release form is on file for the extent of my child's career in the Belle Vernon Area School District. If I deem it necessary to remove such content, I shall notify the school district in writing of my intent.

Please check one:

YES

NO

Parent or Guardian Name(s) (PRINT CLEARLY)

Home Phone

Parent or Guardian Signature

Please return the following by September 12, 2011

The Vision Statement of the Belle Vernon Area School District is to
"Access the Future through Excellence in Education."