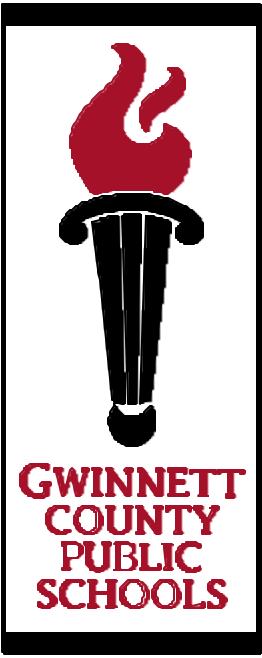


MEDIA RELEASE FORM



I hereby give my consent to all photographs, audiorecordings, and/or videorecordings taken of me or my minor child by Gwinnett County Public School staff or their designee. I understand that any such photographs, audiorecordings, and/or videorecordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or created in the future.

Student's Name _____
(please print)

School _____

Parent / Guardian's Name _____
(please print)

(signature)

Mailing Address _____

Telephone (home) _____

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THE MISSION OF GWINNETT COUNTY PUBLIC SCHOOLS

is to pursue excellence in academic knowledge, skills, and behavior for each student, resulting in measured improvement against local, national, and world-class standards.