

Los Angeles Unified School District Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

ac	ne Los Angeles Unified School District requests your permission to reprodutivities in which your pupil has participated in his/her education program	m. Your autl	norization will enable us to use specially	
_	epared materials to (1) train teachers and/or (2) increase public aware	_	omote continuation and improvement of	
	ucation programs through the use of mass media, displays, brochures, websi Name of Pupil (please print)		2. Birthdate (please print)	
۱.	Traine of Lupit (pieuse print)		Birthaute (picase print)	
3.	Name of Parent (please print)			
a.	I, as a parent of guardian, of the above named pupil fully authorize and authorized representatives, the right to print, photograph, record, and image, likeness, and/or voice of the above named pupil on audio, video, currently developed, (known as "Recordings"), for the purposes stated or	l edit as desin film, slide, on	red, the biographical information, name, any other electronic and printed formats,	
b.	I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent of guardian.			
c.	I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.			
d.	I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.			
e.	I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.			
M	y signature shows that I have read and understand the release and I agr	ree to accept i	ts provisions.	
4.	Signature of Parent/Guardian	5	5. Date Signed	
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[6	Address (Number, Street, Apartment Number)	L		
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 7.	City 8. St	tate 9	2. Zip Code	
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 10	. Telephone			
1	. Telephone			
١	Granting of permission is voluntary. Please return	rn completed	form to school	
11	Principal		Approved as to form by the	
1	-		Office of the General Counsel.	
		٦	This form shall not be amended without	
12	. School		written approval of both the Office of the	
[(General Counsel and the Office of	
		(Communications/Public Information	