# WILKES-BARRE AREA CAREER AND TECHNICAL CENTER

## STUDENT MEDIA PERMISSION AND RELEASE FORM

During the school year, Wilkes-Barre Area Career and Technical Center (WBACTC) staff, students, or authorized representatives may photograph, video-record, or otherwise record students participating in classroom instruction, career and technical program activities, lab projects, demonstrations, field trips, competitions, and school events. Images, recordings, or student work may be used to highlight student learning and achievements, promote WBACTC programs, or communicate school news. Uses may include the WBACTC website, official social media accounts, printed materials, newsletters, presentations, displays, news media, and other school-related communications.

Please select ONE option below.

☐ **I GIVE PERMISSION**

I, as the parent/legal guardian of the student named below, or as the adult student if age 18 or older, give WBACTC permission to photograph, video-record, and/or record the student and to use the resulting images, recordings, or student work for the school-related purposes described above.

☐ **I DO NOT GIVE PERMISSION**

I, as the parent/legal guardian of the student named below, or as the adult student if age 18 or older, do not give WBACTC permission to photograph, video-record, or otherwise record the student for the school-related media uses described above.

I certify that I have read and understand this form and the permission option selected. I understand that once images or recordings are published or distributed, WBACTC may not be able to retrieve or control copies shared by others. I may contact WBACTC to ask about changing or withdrawing permission for future uses; a change may not affect materials already published or distributed.

**STUDENT INFORMATION**

Student Name: _____ Grade: _____

Career & Technical Program: _____

Sending School: _____

Parent/Legal Guardian Name (if applicable): _____

Signature of Parent/Legal Guardian or Adult Student: _____

Printed Name: _____

Date: _____ Phone or Email: _____

**Please return this completed form to WBACTC.**