

Upper Arlington Special Olympics Consent Form Regarding Release of Student Information

In keeping with the requirements of the *Family Educational Rights and Privacy Act (FERPA)*.

Student's Name

Student's Home Address and Phone

Permission to Display Photograph, Audio, Video, or Electronic Images:

I give consent (or do not give consent) for photographs, audio, video, or electronic images of my student, to be used by Upper Arlington Special Olympics for exhibition, public display, publication, publicity materials, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, CD-ROM, or DVD. I understand that my student's full name may also be used with such display.

____ I give my consent ____ I do **not** give my consent

Permission for News Stories:

I give consent (or do not give consent) for quoted statements given by my student, or photographs, audio, video or electronic images of my student, with possible identification by full name, to be used for the purpose of news stories or interviews about Upper Arlington Special Olympics.

____ I give my consent ____ I do **not** give my consent

Signature of Parent or Responsible Custodian/Guardian

Date

Printed Name of Parent or Responsible Custodian/Guardian

If at any time in the future the parent or responsible custodian/guardian wishes to rescind or change the permission provided above, (s)he should contact the Upper Arlington Special Olympics Local Coordinator. The permission granted above will remain in effect until such time as it is rescinded or changed.