

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

Dear Parent/Guardian:

Cleveland High School for Advanced Studies (SAS), part of Los Angeles Unified School District, requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her educational program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc. *

1. Name of Pupil (please print): _____

2. Birthdate (please print): _____

3. Name of Parent (please print): _____

a. I, as a parent or guardian, of above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

b. I understand and agree that the use of such recordings will be without any compensation to the pupil or the pupil's parent or 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 states 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.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian: _____ 5. Date Signed: _____

6. Address (Number, Street, Apartment Number): _____

7. City : _____ 8. State: _____ 9. Zip Code: _____

10. Telephone: (____) _____

Granting of permission is voluntary. Please return completed form to your child's English teacher.

* Student audio and photographs will be posted for educational and informational purposes on the Cleveland High School SAS web site (www.clevelandsas.org) to showcase student achievement, curricular programs, and extracurricular participation.
