

Parkview High School

INTERNET/WEB RELEASE FORM

I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child and the name of me or my minor child by Gwinnett County Public School staff or their designee. I understand that any such photographs, audio recordings, and/or video recordings 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 school in broadcast and media formats now existing or created in the future.

Student's Name _____
(please print)

School: **PARKVIEW HIGH SCHOOL**

Parent / Guardian's Name _____
(please print)

(signature)

Mailing Address _____

Telephone (home) _____