



Cape Girardeau Public Schools
Media Release Form

Consent to photograph, film, or videotape a student for non-profit use
(e.g. educational, public service, or health awareness purposes)

Student Name: _____ **School:** _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above.

Signature of Parent/Guardian (if Student is under 18)

Date

OR

Signature of Student (if 18 or over)

Date