



MEDIA APPEARANCE RELEASE FORM

I, the undersigned, authorize Hartford Public Schools to record on video tape, photography, voice recording, or interview through print or other media, my child's name, voice, image, and/or performance for informational programs, reports and promotional materials to be used for non-commercial purposes.

I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

(Print Name of Student)

(Print Name of Parent/Guardian)

(Home Telephone)

(Signature of Parent/Guardian)

(Address)

(Address)

(Date)