



Student Media Release Form

For the period July 1, 2019 through October 1, 2020

Permission to permit Area Cooperative Educational Services to use student photo/video/audio for instructional and marketing materials.

I, the undersigned parent/guardian of _____ do hereby grant permission to Area Cooperative Educational Services (ACES) and/or its designated representative for the following purposes:

Please circle YES or NO for each category

I approve		Category
Yes	No	INSTRUCTIONAL , e.g., Bulletin Boards, videos, class presentations, school website
Yes	No	SCHOOL YEARBOOKS
Yes	No	PROMOTIONAL , e.g., brochures, print and social media, videos

As the parent or guardian of the above named student, I have read the ACES Student Media Release Form and understand the possible usage of my child’s image. I understand that ACES has taken precautions to ensure appropriate use and display in the media, but it is impossible for ACES to control all media outlets. I will not hold ACES, staff, faculty, agents and employees responsible for any misrepresentation, e.g., mechanical reproductions, optical illusions, or distortions, that I consider inappropriate.

Date	Name (please print)
School	Signature
Grade and/or Team	Address
Email address	City, State, Zip
	Daytime telephone number

If you have any questions or to get additional information, please call ACES Marketing & Outreach Office at 203-498-6881. 350 State Street, North Haven, CT 06473 ♦
Phone: (203) 498-6800 ♦ www.aces.org