

**Media Release Form**

**2019-2020**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The media release may include one or all of the following: Video recordings, television, radio, newspaper, printed material or web publications (school website & social media pages).

\_\_\_\_ Gulf Coast School for Autism has my permission to include my child in any media release for the school.

\_\_\_\_ Please DO NOT include my child in any type of publication.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_