**ARLINGTON INDEPENDENT SCHOOL DISTRICT**

**Bowie AVID Program**

**PHOTOGRAPHY AND PUBLICITY PERMISSION FORM**

The Bowie AVID Program is in the process of developing promotional materials to inform students, parents, administration, and community organizations of the wide range of educational opportunities available to students in the Arlington Independent School District. Students, employees, employers, and citizens will be featured individually or in groups while participating in activities which illustrate the application of knowledge and skills taught in the AVID Elective Course.

Please complete the information below indicating permission granted or denied for the person featured in the photo to be selected for publication in these informational materials.

Return form to (AVID Teacher’s name): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Course Name: (please circle one): **AVID 1/AVID 2/AVID 3/AVID 4**

NAME OF STUDENT: (Please print full name clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU GIVE PERMISSION PLEASE CHECK HERE:

\_\_\_\_\_\_I **GIVE** permission to the Bowie AVID Program to include photos and /or videos of the

person listed above in publications promoting the educational opportunities available in

the AVID Elective Courses in the Arlington Independent School District.

IF YOU DO NOT GIVE PERMISSION PLEASE CHECK HERE:

\_\_\_\_\_\_I **DO NOT GIVE** permission to the Bowie AVID Program to include photos and/or

videos of the person listed above in publications promoting the educational opportunities in the AVID Elective Courses in the Arlington Independent School District.

AUTHORIZED PERSON’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print authorized person’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_