

OCS Summer Internship Program Photo Release Form

Student Name: _____

School District: Orange County Schools

AUTHORIZATION

I hereby give permission to the Orange County Schools (OCS), and my student's worksite to make photographic, audio or video recording(s) of the above named student. I authorize this use to illustrate instructional programs in which my student is engaged. The photos and/or video will be shared with the community through district, school, and/or community publications and/or social media.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Relationship to student: _____