



BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT

1 Sunset Hill Road Post Office Box E

Blairstown, New Jersey 07825

908-362-6111 - Fax: 908-362-5989

www.blairstownelem.net

Dr. Patrick Ketch, *Superintendent*

Colleen Silvestri, *Principal*

Matthew Herzer, *Business Administrator*

Dr. Alyssa Emili, *Supervisor of Special Services*

Photo/Name Release Agreement

Dear Parent or Guardian:

Blairstown Elementary School traditionally publishes student names in the local media, on our school website, and our school yearbook. In addition, photographs and videos may be included with press releases sent to local newspapers and displayed at various functions. While the intent is to be informative, there is concern about the individual right to privacy under the Family Educational Rights and Privacy Act (FERPA).

This consent form has been prepared to inform you and request permission for your child's photograph and name to be published on the school's website and sent to local media for various school-related activities. The law requires that we ask for permission to use information about your child.

According to the law, we will not release personally identifiable information without your written consent as a parent or guardian. Personally identifiable information includes student name, photographs, or images, school location, and class trip information.

If you, as parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the school office, and such change will take effect upon receipt by the school.

Please complete the form on the next page. You may check one or more of the choices. This form must be returned to school. One form must be completed for each child who attends Blairstown Elementary School. If we do not receive a completed form, we must assume that we do not have your permission to release information regarding your child.

If you have any questions, please contact the school at (908) 362-6111.

Sincerely,

Dr. Patrick Ketch, Superintendent



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Please check all that you wish to apply

☐ I grant permission for my child's photograph/image/video to be published on the school's public internet web site, and published in school publications, and released to the local media.

☐ I grant permission for my child's name and school to be published on the school's public internet website, published in school publications and released to the local media.

☐ I DO NOT grant permission for my child's photograph/image or name and school to be published on the school's public Internet website, published in school publications, or released to the local media.

Student's Name (print) _____

Grade: _____

Date: _____

Signature of parent/Guardian _____

Relation to Student _____

Please return to your child's homeroom teacher.

**THIS FORM MUST BE RETURNED TO THE SCHOOL, OR WE ARE PROHIBITED FROM
RELEASING INFORMATION ABOUT YOUR CHILD.**

Thank you for your cooperation.