**North Carolina Department of Public Instruction | North Carolina State Board of Education**

Please complete this form and return it to NCDPI. This permission form remains valid until a new form is completed and signed by the adult named in the release, or the student’s parent, guardian or eligible student.

**PLEASE CHOOSE ONE:**

**For anyone younger than 18 years old:**

[ ]  I, **(please print parent or guardian full name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , having previously given permission to **(local school district)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use photographs, likenesses, and voice recordings of my child, **(please print full name of child)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, also give permission to the North Carolina Department of Public Instruction and State Board of Education, as well as the news media to use my child’s photographs, likenesses, and voice recordings.

**For anyone 18 years of age or older:**

[ ]  I, **(please print full name of adult)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , give permission to the North Carolina Department of Public Instruction and State Board of Education, as well as the news media to use my photographs, likenesses, and voice recordings.

In granting this permission, I understand that NCDPI and the SBE may use these materials on the NCDPI website (<https://www.dpi.nc.gov>), in print, and in presentations. I further understand that the news media – both in print and online – may use these materials in school-related news coverage, in NCDPI or SBE productions aired on television, the Internet, and in other similar forms of media. Finally, I authorize the use of these materials without inspecting or approving the finished product or its specific use.

**For either:**

[ ]  I, **(please print full name of adult, parent or guardian full name)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do not give permission for me/my child, **(please print
full name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be included in any media whatsoever.

**Please fill out all the information below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s or Adult Signature Date

I allow my child’s name to be used. [ ]  YES [ ]  NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local School District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (Street, City, State, Zip Code)

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this completed form to:**

Your Name | School, District or DPI Office

Mailing Address, City, State Zip Code | Email email@address.com