

**ASHFORD SCHOOL**  
**2019-2020**  
**Permission to Publish Student Work and/or Images**

**FOR STUDENTS IN GRADES 5-8**

Print Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(Please circle one)

- |     |    |   |
|-----|----|---|
| Yes | No | I give permission for the publication of my child's school work on the Internet.                      |
| Yes | No | I give permission for the publication of photos of my child on the Internet.                          |
| Yes | No | I give permission for the publication of photos and/or videos of my child for instructional purposes. |
| Yes | No | I give permission for the publication of photos and/or videos of my child for publicity.              |

My signature below indicates that I have read the Ashford School's **Notice of Digital Image Use**.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_