

**FORM 4: Crosby ISD/Crosby High School Choir**  
**Student Photography/Video Release Form 2014-2015**

Please circle the appropriate statement below:

**YES**, I give my permission for Crosby Independent School District or Crosby High School Choir to photograph/video and/or use a photograph of my child in publications, news releases, on the District web page, and/or for training purposes.

**NO**, I do not give my permission for Crosby Independent School District or Crosby High School Choir to photograph/video and/or use a photograph of my child in publications, news releases, on the District web page, and/or for training purposes.

Student's Full Name (Please Print) \_\_\_\_\_

Period (circle one): 4   5   6

Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_