

_____ STUDENT NAME



Murray City School District
5102 S. Commerce Drive, Murray, Utah 84107

Media Release Form

Permission to Photograph/Record/Videotape/Film/Social Media usage

I hereby grant permission for my student/or self to be photographed, interviewed, videotaped or filmed for the purpose of media activities featuring students from schools in the Murray City School District.

I understand that my child's image or voice, individual or as part of a group, may appear on television, film, radio, print or social media. I also understand that this permission is voluntary and that no one is required to participate in any media event.

Parent or Guardian SIGNATURE _____ Date _____

Parent or Guardian PRINTED NAME _____ Phone Numbers _____

Contact: D. Wright
MCSD Public Relations Specialist/Public Information Officer (PIO)
Office: 264-7400 E-Mail: dwright@murrayschools.org Fax: 264-7456