

\_\_\_\_\_  
**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: Doug Perry**  
**MCS D Public Relations Specialist/Public Information Officer (PIO)**  
Office: 264-7400 E-Mail: [dperry@murrayschools.org](mailto:dperry@murrayschools.org) Fax: 264-7456