

Dr. Diana Greene Superintendent

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Student Media Release

DCPS Productions or outside organization, including news media

l,	, hereby authorize the videotar	oing/filming/photography of
my child,	, and/or the release of his/her name and	
achievement(s) for publishin	g (print, World Wide Web) and/or broa	dcasting purposes. I also
consent to the showing of th	e video/film/photographs to any perso	n. I understand that the
Duval County School District	is not a party to outside organizations'	photography/filming/video
production and will hold Duv	al County Public Schools and its employ	vees harmless from any
liability in connection with a	production not produced internally by	Duval County Public
Schools.		
	Signature	
	Print Name	
	Date	