



Media Release & Permission Form

I hereby give permission for all photographs, audio recordings, and/or video recordings taken of my child to be used by the school system's promotional print and electronic publications and on GCPS-TV, the school system's cable television station. This permission extends to use by the Parkview Band Booster Association.

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**THE MISSION OF
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*is to pursue excellence
in academic knowledge,
skills, and behavior
for each student,
resulting in measured
improvement against
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world-class standards.*

437 Old Peachtree Road, NW
Suwanee, GA
30024-2978
678-301-6000
www.gwinnett.k12.ga.us

Student's Name _____
(please print)

Student's Signature _____
(if age 18 or older)

Parent/ Guardian's Name _____
(please print)

(signature)

Date _____