STUDENT MEDIA EXCLUSION FORM



Student ID#

Sign and return this form to your child's teacher **ONLY** if you **DO NOT** want your child to be interviewed or have their image captured through photography or videography by the media.

At this time, I do not want the student listed below to be interviewed or their image recorded by the media without my prior permission.

Student Last Name

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By sigi	ning below, I a	cknowledge the following:		
•	This waiver is	only valid for the time peri	od of August 1, 2021	July 31, 2022.
•	This waiver does not apply to photographs or video images taken at public events (athletic			
	events, gradua	ation ceremonies, and othe	er school activities open	to the public).
•	This waiver do	pes not apply to interviews	, photographs or video i	mages taken by Springfield Public
	•	rt of normal school activition	•	e by the district or by official SPS th the district.

Student First Name

Date

School

Springfield Public Schools Communications Department Kraft Administrative Center 1359 E. St. Louis St. Springfield, MO 65802

Signature (parent/guardian)

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