	Media Release Form School Year 20 20	
Please print the following information	n:	
Student Name:		
Grade:		
Parent/Guardian Name:		
Address:		
Telephone Number		
My child,, is a student registered in Muhlenberg School District or in a district program. I request that he/she is not included in photographs (e.g. yearbooks, sports programs, etc) videos, or audio tapes that are used to publicize or promote the school district through its own media productions or the local commercial media. I accept responsibility to complete this release form on an annual basis in order to maintain this request in district files.		
Parent/Guardian Signature:		White copy: Cumulative Record Yellow Copy: Administration Pink Copy: Parent/Guardian
Date:		