



UNITED INDEPENDENT SCHOOL DISTRICT

Susan E. Carlson
Director of Instructional Television

PARENT CONSENT FORM

I, _____, give permission to
have my son(s)/daughter(s) _____
photographed and/or videotaped for use in UISD Instructional Television programs, UISD publications
and/or use by other television and print news media. I understand that UISD may reuse such video/photo
images in its promotional/educational materials.

Parent/guardian name

Relationship to child

Address

Home/Cell telephone number

Date

Person receiving consent form

Department/School