



Central Consolidated School District Media Release Form

I give the Central Consolidated School District my expressed permission, as the parent and legal guardian of this child, for my child's name, age, school, interviews and photographs/videos to be **released on school and district websites, Facebook pages, etc.**, including www.ccsdnm.org. It is to highlight our students' education and schools to our parents and communities for public/community relations and educational purposes.

Please contact the CCSD Public Relations Office at (505) 368-4984 for any questions.

My child's name is: _____

Parent's printed name: _____

Parent's signed name: _____

Today's date: _____

****Student/Parent: Please return form to your homeroom teacher**