



**Hamblen County Department of Education  
Parent/Guardian Permission for School Related Photographs and Video/Audio  
Recordings  
School Year 2024-2025**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Yes      No      **I give my permission for my child to be photographed and/or video/audio recorded during the 2024-2025 school year for school-related activities, such as:**

**Photographs with names and commentary for the purpose of student recognition:**

- **On school bulletin boards (paper or digital)**
- **In area newspapers**
- **On school and district websites**
- **On school social media**

Yes      No      **School yearbooks**

Yes      No      **Programs for activities, such as sports, concerts, plays, talent shows, etc.**

Yes      No      **Individual or group photographs on system and/or school websites without identification of individual students**

**Audio and video recording for some state assessments is required and not subject to this permission form.**

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_