

MIDWEST CHRISTIAN MONTESSORI ACADEMY

Student Photo Release Form

Student Name: _____ Date: _____

I, _____ (print), parent or guardian of _____ (print), give full permission to Midwest Christian Montessori Academy to use photographs and videos of my child in the following ways:

Response Required for each:

Print Marketing: Yes No

School Newsletters/ Emails: Yes No

Social Media: Yes No

Parent or Guardian Signature (**required**):

In the event of wanting to rescind this permission, I will provide a **dated written notice**. Within the notice, I will list each category intended for the rescinded permission. I understand that materials already printed, shared, or posted on social media will not be removed. One day after the written date of rescinded permission is received, Midwest Christian Montessori Academy will no longer share images or videos of my child in the listed categories of my notice.

My signature below is *acknowledgement* of this rescinding policy (**required**):

Office use only:

Rescinded notice received on: _____

Rescinded notice intended for these categories: _____