



Lower  
Kuskokwim  
School  
District

## Student Photographs – Parental Release Form

I certify that I am the parent and/or legal guardian of \_\_\_\_\_,  
a student enrolled in the Lower Kuskokwim School District (LKSD) at  
\_\_\_\_\_ School. I hereby give my consent to LKSD's use of  
any photographs taken of my child in a school setting or during out-of-school  
student activities, provide that my child is photographed while being involved  
in usual school activities, the photograph is not for commercial use or gain,  
and the photograph is used to enhance the educational purposes of the District  
in its publications, such as ELICAQ, Student of the Month, or is used in  
District advertisements or notices placed in the media for the purpose of  
presenting the District and its students in a positive and beneficial manner.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_