

ILLINOIS STATE UNIVERSITY LABORATORY SCHOOLS

**PHOTOGRAPHY
NON-PERMISSION / OPT-OUT FORM**

(Complete and return this form ONLY if you do NOT give permission for your student to appear in possible school publicity images, including postings on the website.)

Student's full name (please print) _____
School, and grade in school _____

Classroom activities and school events sometimes are photographed for purposes of news media coverage or school publicity (newsletters, website, brochure, etc).

If you do NOT wish to have your child photographed for news media or school publicity purposes, sign this form.

This will apply to your student's entire enrollment at Illinois State University Laboratory Schools. At any time you wish to change your student's status, the form will be available at the school office.

Parent's or Guardian's signature

Date