



Parent/Guardian/Student Permission Form

Student _____ Age _____ School _____

Parent/Guardian Names _____

Mailing Address _____

City _____ Zip Code _____

Phone (cell) _____ (home) _____

Email _____

Purpose of Parent/Guardian/Student Permission Form

The Castro Valley Educational Foundation and the Castro Valley Unified School District request permission to electronically display students which may include photographs, video images, and/or audio recordings of students. Such images may be published in a variety of projects and may be used for educational purposes and **will never be sold or used for commercial venture.**

Request for Permission

Your student may have his/her photograph, audio recording and/or video image included in a publication or website which shall be used only for educational purposes. Further, your student's image may appear as part of student educational materials which may take the form of web site content, streaming video, and/or multimedia project. No home addresses or telephone numbers will appear with any such images.

Please sign below to allow your student's image to appear as part of educational materials described above.

I grant permission for the Castro Valley Educational Foundation to use my student's
_____ image as described above on district web sites and school related printed
publications.

Parent/Guardian Signature _____ Date _____

I grant permission for the Castro Valley Educational Foundation and the district to use my image as described above on the CVEF and/or district web sites and school related printed publications.

Student Signature _____ Date _____