



Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release 2023-2024

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program.

1. Name of Pupil (please print)

[Empty text box for Name of Pupil]

2. Birthdate (please print)

[Empty text box for Birthdate]

3. Name of Parent (please print)

[Empty text box for Name of Parent]

- a. I, as a parent or guardian of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which, relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Name of Parent (please print)

[Empty text box for Name of Parent]

5. Date Signed

[Empty text box for Date Signed]

6. Address (Number, Street, Apartment Number)

[Empty text box for Address]

7. City

[Empty text box for City]

8. State

[Empty text box for State]

9. Zip Code

[Empty text box for Zip Code]

10. Telephone

[Empty text box for Telephone]

Granting of permission is voluntary. Please return completed form to school.

11. City

[Empty text box for City]

12. School

[Empty text box for School]

Approved as to form by the Office of the General Counsel.

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information