



Photo Release

I am the parent or legal guardian of _____
who attends _____ school in the
El Paso Independent School District.

I give permission for him/her to be interviewed and/or photographed,
filmed or videotaped for the use in district publications and/or news
media productions for the purpose of promoting district programs
and/or district-sponsored in-service.

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

El Paso Independent School District
6531 Boeing
El Paso TX 79925