**PERMISSION FOR INTERNAL OR PUBLIC RELEASE OF STUDENT INFORMATION**

This form authorizes or prohibits the internal and/or public release of information pertaining to student achievements or educational activities in which they participate during school hours on school grounds as well as in the community.

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Release for publication in local media** including newspapers, the school website ([www.hhitherapy.com](http://www.hhitherapy.com)), HHI Facebook page, or promotional materials....

To publish my child’s name: \_\_\_\_\_\_\_\_ Yes, I authorize \_\_\_\_\_\_\_ No, I prohibit

To publish my child’s photos: \_\_\_\_\_\_\_ Yes, I authorize \_\_\_\_\_\_\_ No, I prohibit

To publish my child’s audio/visual recording: \_\_\_\_\_\_\_ Yes, I authorize \_\_\_\_\_\_\_No, I prohibit

This permission is granted until such time as the school is notified otherwise in writing.

**Parent Release for publication** **internally** including training for employees across Helping Hands Inc.

To publish my child’s name: \_\_\_\_\_\_\_\_ Yes, I authorize \_\_\_\_\_\_\_ No, I prohibit

To publish my child’s photos: \_\_\_\_\_\_\_ Yes, I authorize \_\_\_\_\_\_\_ No, I prohibit

To publish my child’s audio/visual recording: \_\_\_\_\_\_\_ Yes, I authorize \_\_\_\_\_\_\_No, I prohibit

This permission is granted until such time as the school is notified otherwise in writing.

By signing this Release, I waive any cause of action I may have, or that the student may have, against HHI pertaining to the reproduction, publication, and/or use of information obtained from the student and/or the student’s name or likeness. I acknowledge that I may revoke this Release at any time during the school year by mailing or delivering a written notice of revocation to the administration at Helping Hands Inc Private Day School, 2680 Richmond Highway, Stafford, VA 22554.

**Parent/Guardian Name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**If Joint Legal Custody, Parent/Guardian Name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**