Student Information Release Form

I hereby authorize Southern Oregon ESD to use the following identifiable information regarding my child for the purpose of preparing educational, promotional and/or other materials or presentations: ☐ Photograph, images, or likeness. ☐ Information related to child's classroom, school, and/or district. Restrictions (please list): Student's Name:______ Grade: _____ Classroom:_____ Teacher:_____ Signature of Parent or Guardian: (Parent / Guardian)

_____ Date: _____