

Media Release Form

(Student) _____ has my permission to be interviewed or photographed by the media concerning school events and activities approved by the school or district administration during the 2009-2010 school year.

_____ Date ____/____/____ _____
(Parent/Guardian Signature) (Student Signature)

Tooele County School District
92 Lodestone Way
Tooele, Utah 84074
435-833-1900