

Staff/Volunteer Image and Technology Consent Form

Printed Name: _____
Last Name First Name MI.

SAP# _____

School/Location: _____

Image Release:

The privacy of staff and volunteers will be respected at all times. Only information considered public will be used without consent.

I give my permission to have my photo/video image published to a school/district web site and/or used for any school related activities.

In granting such permission I, relinquish and give to the School Board of Polk County Public schools, Florida, all right to the images or negatives, and waive any right to compensation for the publication or other use of these materials. I consent to any noncommercial use of said photographs, motion pictures or video tapes or any duplication thereof for any purpose Polk County Public schools may deem appropriate, including yearbook photographs.

Yes _____ No _____

Network/Internet Use:

In addition to the image release permission, I have read, understand and will abide by the Polk County Public Schools Network Use and Internet Access Acceptable Use Policy. I further understand that network access is a privilege designed solely for educational purposes and any violation of the Acceptable Use Policy or Polk County school district policies may result in losing my access privileges, school disciplinary action and/or legal action. I also understand that this consent document remains in effect until I modify the permissions in writing.

Staff/Volunteer Signature(s) _____

Date _____