



State of Hawaii
Department of Education

Student Publication/Audio/Video
Release Form

This form supersedes all previous Student Permission to Videotape/Record, Reproduce Work and Student Publication/Audio Release Forms.

Note: This form does not apply to the creation or use of digital or print media of students for research purposes, including post-secondary degree requirements. For more information visit <http://bit.ly/HIDOEdata-research>

In order to protect student's rights to privacy as outlined in the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA), parents/guardians or eligible students (those aged 18 or over) are being asked to give the Hawaii State Department of Education (HIDOE) permission to create or use digital or print media of student's name, voice, likeness or images of student work for the purposes described in this form.

I hereby give my permission to HIDOE to create or use the media described above of my child (if parent/guardian) / me (if eligible student) or my child's / my work — which may include, but are not limited to, video and audio recordings, photographs, and images — for the following educational purposes:

- Publication on HIDOE websites or in print or other digital media
- HIDOE staff professional development, including peer and advisory observations
- HIDOE training, including but not limited to preparation programs

I understand that the distribution of these media may include print, online, or digital media and open-circuit broadcast, closed-circuit, or cable television transmission within or outside of the State of Hawaii.

I understand that there will be no compensation, financial or otherwise, by HIDOE for its use of these media, either for initial or subsequent transmission or playback.

I understand that granting permission includes a potential risk of loss of privacy. I hereby release HIDOE from any liability resulting from or connected with the creation or use of these media.

I understand that permission is granted for the life of the media. I release all interest in the media for which I am giving permission.

I understand that I may withdraw my permission at any time without any negative consequences by submitting a written statement to my child's/my school. I understand that withdrawing consent will not affect my child's/my standing in school, nor any publication or work using these media which has already been produced.

Yes No HIDOE has my permission to create or use digital or print media of my child's / my name, voice, likeness or images of my child's/my work exclusively for the non-commercial, educational purposes stated above.

By signing this form, I agree to the terms and conditions stated in this form, unless I checked the "no" box.

Student's Name (Please Print)

Keaau Middle School

School

Home Address

City, State, Zip Code

Parent/Guardian/Eligible Student Name (Please Print)

Signature

Date