



CISD RELEASE OF STUDENT INFORMATION “Opt-In” Form

CAMPUS: _____

Please sign and date below to approve the release of student directory information and identifiable photos to be used in promotion and/or news of CISD. The student’s directory information includes: name, grade level, athletics information, participation in activities and sports.

I further understand that my student may be photographed/filmed during school, or school related activities, for school purposes, and this footage may be used in various media including electronic/website publication and print publications (if applicable).

Printed name of Student: _____

Signature of Parent/Guardian: _____

Date: _____

Please return this form to your School’s Office.