



GEORGIA SCHOOL COUNSELORS ASSOCIATION

MEDIA RELEASE FORM

I hereby agree to allow the image, likeness or voice recording of my child, _____, to be used in _____ School District and/or Georgia School Counselors Association (GSCA) photographs, video, publications, presentations or web pages. I have knowledged that by signing this media release form I am waiving any rights to confidentiality regarding the School District and GSCA's use of the particular image, likeness or voice recording under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

I understand that _____ School District and GSCA have equal rights to my child's image, likeness or voice recording.

Signature of Parent Date

Signature of Principal Date

Name of School Counselor- _____ (Print)

Signature of School Counselor Date