



## Publicity Permission Form

*From time-to-time opportunities arise for special interest stories related to a student, group of students or school experience. When they do, student photos or videos may be created and used by partner organizations. This goes beyond a typical photo or information used by the school.*

*Portland Public Schools only assists in these opportunities when it believes the story will focus on positive issues; however, it cannot guarantee how student will be perceived by the general public.*

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Event/Story:** Vision Board Competition – Ambassadors Clubs

**Partner organization producing the media:** Coalition of Black Men

Yes, I do hereby...

- Consent to the participation in interviews, the use of quotes, and the taking of photographs or audio/video of the student named above;
- I also grant the right to the owners of the products the right to edit, use and reuse said products, including use in print, on the internet, and all other forms of media; and
- I also hereby release Portland Public Schools and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

No, I do not consent.

*Regardless of whether or not you provide consent for media usage, we will use the mailing address below when mailing your student's check for completing his vision board.*

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Apt/Box**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Parent/Guardian phone number**

Contact: [mrouse@cobmpdx.org](mailto:mrouse@cobmpdx.org) or (503) 919-6804.



**Equity & Partnerships Data Sharing**

2018-2019 School Year.

**PERMISSION TO RELEASE OR EXCHANGE INFORMATION  
Portland Public Schools**

Parent/Guardian Legal Last Name:		Parent/Guardian Legal First Name:			Date
<u>Student(s) Last Name:</u>	<u>First:</u>	<u>School</u>	<u>Grade</u>	<u>Birthdate</u>	<u>PPS ID#</u>

As Parent / Guardian / Surrogate Parent / Foster Parent / or Adult Student (circle one), I authorize the release and exchange of confidential information between Portland Public Schools, **Coalition of Black Men** and their evaluators.

This information may include:

- Student name and student ID#
- Demographic information (such as race, gender, grade)
- School enrollment and attendance
- Discipline data
- Individualized Education Plan (IEP) or 504 plan
- Special Program membership (Special Education, ESL, TAG)
- Academic Information (course grades, test scores, assessments, GPA, status, etc.).

The disclosure is to be used for the following purposes:

- To support students' educational needs
- To support students' school attendance
- Program evaluation

The organizations listed above receiving information about your student are informed of state and federal confidentiality provisions. They are not authorized to release information to any agency or person not listed in this release without specific written consent of the parent/legal guardian.

\_\_\_\_\_  
Parent/Guardian/Surrogate/Foster/Adult Student (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This authorization is valid for the academic year listed above through September of the following year.**