

**PARENT PERMISSION FORM FOR
PUBLISHING STUDENT PHOTOGRAPHS, VIDEOS AND STUDENT WORK
ON THE IAGD SUNDAY ISLAMIC SCHOOL'S & OTHER WEBSITES**

Student Name (please print) _____

Parent Name _____ Grade _____

I understand that my child's photograph, video and class work could appear on the IAGD Sunday Islamic School and other websites (like YouTube) and other publications throughout the year and that any such publication is not for profit and neither my child nor my family will be compensated for any such use.

I understand that **no last names, home addresses, email addresses, or telephone numbers** will appear with any photograph or published work. Students will only be identified by first name.

I also understand that the IAGD Sunday School has no control over non-IAGD media sources and their use of my child's likeness, name or video or photograph.

Please check all that apply and sign below.

Subject to the above conditions, do you grant permission for the publishing of the student's photograph and/or student work done by the child named above on the IAGD Sunday Islamic School websites (including YouTube) and any IAGD publications?

_____ YES _____ NO

Do you grant permission for the IAGD Sunday Islamic School websites (including YouTube) and any IAGD publications to release my student's photograph and/or student work done by the child named above to local area newspapers (The Detroit Free Press, Oakland Press, etc.), understanding that such newspapers may print your student's name *in full* along with any such photographs and/or student work, and that the IAGD Sunday Islamic School websites (including YouTube, etc.) and any IAGD publications has no control over other media sources and their use of your child's likeness, name, or photograph?

_____ YES _____ NO

If you have signed in No to any of the above statement please let your child(ren) know about this and ask them to shy off from places where videos or pictures are taken. This will also ensure that their photo or video is not captured.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Please return this form to your Principal Office.