

KNOX COUNTY SCHOOLS

**AUTHORIZATION FOR NEWS MEDIA CONTACT**

I hereby give KNOX COUNTY SCHOOLS full, unrestricted authorization to allow my

minor child, identified below, a student at \_\_\_\_\_,  
(Print name of school)

to appear in still and motion pictures for publication and broadcast by the news media. I also give full and unrestricted authorization for my minor child to speak with members of the news media as may be deemed appropriate by representatives of Knox County Schools. I understand that in dealing with the news media, I have no right to inspect and approve final use of materials covered hereunder. I have read and understand this release, and certify that the information provided is true and accurate.

STUDENT:

\_\_\_\_\_  
(Print name of student)

PARENT AND LEGAL GUARDIAN:

\_\_\_\_\_  
(Print name of parent or legal guardian)

\_\_\_\_\_  
(Signature of parent or legal guardian)

DATE: \_\_\_\_\_