

**Klamath Falls City Schools
Media Permission Form**

Student Name: _____

Parent Name: _____

I give permission to Klamath Falls City Schools to make or use pictures, slides, digital images or other reproductions of my child for use in publications, productions, on the web or other printed or electronic materials associated with Klamath Falls City Schools. *Please notify the office if your position on this agreement should change.*

- Yes
- No

Parent Signature: _____

Date: _____