

Student Name _____
School _____
Grade _____

Livonia Public Schools
Student Website/Media Authorization Opt Out

Dear Parents or Legal Guardians

Livonia Public Schools uses all available media to showcase our school district and the achievements of our students. We do this through a variety of means, including web, print marketing materials, newsletters, press releases, local cable TV and coverage in local print and broadcast media.

Recognizing that some families may wish to restrict their student(s) names and/or images from being used in school district information, we respectfully offer this **opt-out form**. By signing this form, you are requesting that your student **NOT** be included in the aforementioned forms of publication.

You do not need to complete this form if there are no restrictions

I, _____, as the parent or legal guardian of

_____, hereby restrict the use of my student's NAME and/or GROUP or INDIVIDUAL image, in LPS publications as outlined above. (Please circle the restriction(s) that apply.)

Print Parent or Guardian name

Signature of Parent or Guardian

Date

Please retain a copy for your records. Please contact your student's school office if you wish to make changes.