

# River's Edge *Academy*

725 School Street, Morris, IL 60450

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*"Intelligence plus character, that is the goal of true education"* (Martin Luther King Jr.)

## Permission for News Release

Name of Student \_\_\_\_\_

School Year \_\_\_\_\_

My signature below grants permission to River's Edge Academy to release to the news media photographs and information related to my student. I understand that the purpose of such releases will be to afford recognition to my student for his/her activities and accomplishments, and to promote the education of students with disabilities in Grundy County. I further understand that this may contain information identifying my student by name and/or as being a student with special needs. I can expect any release to be made with sensitivity to confidential matters and in the interests of my student.

(Check One)

Yes, I hereby grant permission \_\_\_\_\_

No, I do not grant permission \_\_\_\_\_

Contact me prior to any release so that I might grant permission on a case-by-case basis. \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if age 18 or older)

\_\_\_\_\_  
Date