



**Washtenaw ISD**  
A REGIONAL EDUCATIONAL SERVICE AGENCY

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## PERMISSION FOR THE PUBLICATION OF STUDENT IMAGES

I understand that Washtenaw Intermediate School District may wish to promote its programs or services by publishing photographs of students in print media, newsletters, television programming or on the Internet. I give the WISD permission to use my student image in the following publication formats:

Yes, student image may be published on the Internet (web sites and social media), newsletters, television, or print media

No, student image may not be published in any promotional outlets

Student Name: \_\_\_\_\_ Student Age: \_\_\_\_\_

Parent or Legal Guardian Name (print) \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent email address: \_\_\_\_\_