



WAIVER RELEASE FORM

I waive the rights of my child _____ as provided under the Family Education Right to Privacy Act, thus allowing the School System to release and disclose information from my child’s educational record, including permission to photograph and video student. I further acknowledge that I am this child’s legal guardian. I understand that I have the right to revoke this consent at any time, and if I do so, I will give written notice to Clarksville-Montgomery County School System.

I release Clarksville–Montgomery County School System from any responsibility whatsoever in this matter.

Date

Signed

Witness