

Jack Schwartz, Ph.D
Executive Director



David Schwartz, MA
Director

MEDIA RELEASE FORM

I hereby release Washington Academy, Inc. its agents and associates to unlimited use of school related video and photographs of

my son/daughter, _____ for use in school

STUDENT'S NAME (Please Print)

related publications, website, posters, manuscripts and press releases. I understand that no personal information regarding my child will be posted on the internet. All photographs and videos will be used in an appropriate manner that promotes Washington Academy.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian

Date