



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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Broward Education Communications Network
Dr. Phyllis Schiffer-Simon, Director
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I hereby give permission to the School Board of Broward County, Florida, to make audio and/or visual recordings or photographs of my minor child and to use these finished materials for educational purposes and/or to promote the positive aspects of Broward County Schools through communication media such as newspapers and television. I further realize that all such uses and distribution by the Broward County School Board shall be within their sole discretion.

Student's Name

Signature of Parent

Name (Printed)

Address

City, State and Zip Code

Program Name _____

Number _____ Date of Taping _____