

FAYETTE COUNTY PUBLIC SCHOOLS

701 East Main Street
Lexington, KY 40502
(859) 381-4100

**AGREEMENT ON INTENDED USE
OF STUDENT PHOTOGRAPHS OR AUDIO/VIDEO TAPES
FOR SCHOOL YEAR _____ - _____**

I, _____, parent or legal guardian of _____,
who is a Fayette County Public School student at _____ School,
would like to photograph or audio/videotape my child in his/her classroom or other school
settings that may not be open to the general public. I understand that other students may be
present and included in the photographs and audio/videotapes. I also understand that all
students have rights to privacy.

I agree that any photographs or audio/videotapes that I generate, which include students other
than my own child, will not be distributed publicly and will be retained only for personal or
private use (e.g., sending to grandparents would be okay; use in a commercial/
business/community activity or posting on The Internet would not be okay).

Date: _____

PARENT/LEGAL GUARDIAN

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**AGREEMENT ON INTENDED USE
OF AUDIO TAPES
FOR SCHOOL YEAR _____ - _____**

I, _____, parent or legal guardian of _____,
who is a Fayette County Public School student at _____ School,
would like to allow my child to audiotape his/her classroom or other school settings that may not
be open to the general public. I understand that other students may be present and included in
the audiotapes. I also understand that all students have rights to privacy.

I agree that any audiotapes generated, which include students other than my own child, will not
be distributed publicly and will be retained only for personal or private use (e.g., use as a
personal study aide would be okay; sharing or distributing to others for any reason would not be
okay).

Date: _____

PARENT/LEGAL GUARDIAN

STUDENT