



RELEASE FORM FOR ELECTRONICALLY DISPLAYED STUDENT WORK

Florida Virtual School uses many innovative activities to support student learning. To illustrate these innovative activities, we publish exemplary student work that demonstrates learning in this new environment. We request permission to display your child’s work, name, and/or photograph. Your signature below acknowledges permission for Florida Virtual School to display your child’s work.

Student Name: _____

Student email: _____

Student Grade Level: _____

Student FLVS Username: _____

I hereby certify that the work referenced is the student’s own original work, and to the best of my knowledge it contains no materials previously published or written by another person, unless acknowledged as such. I also certify that the work of other students and/or persons has not been copied in part or whole as part of this product.

Parent or Guardian Signature

I am the parent/legal guardian of the student named above. I have read the information regarding the electronic display of student work and agree to the following:

(Please check the appropriate box below.)

- Full Name Permission: I give permission for my child’s work, photograph or accomplishments, which will be accompanied by the child’s full name (first and last), to be electronically displayed by Florida Virtual School. I hereby release Florida Virtual School from any liability resulting from or connected with the publication of such work.
- First Name Only Permission: I give permission for my child’s work, photograph or accomplishments, which will only be accompanied by the child’s first name, to be electronically displayed by Florida Virtual School. No last name will appear on any materials that are displayed. I hereby release Florida Virtual School from any liability resulting from or connected with the publication of such work.
- I do not give permission for Florida Virtual School to display my child’s work.

Parent or Guardian Signature

Date

Please return both pages of this application to Ms. Christin Wheeler:

Email: CWheeler@flvs.net; Fax: 866-454-5832